

CHADRON STATE COLLEGE

Request for Independent Study

(This form must be completed prior to enrolling in an independent study course)

Name _____ Student ID Number _____

Address _____ City _____ State _____ Zip _____

Student's CSC email address: _____

Course Prefix and # _____ Section _____ Term _____ Credit(s) _____

IS _____ Instructor _____

Title to appear on student transcript
(Maximum of 20 characters, including spaces) Completion Date _____

Attention Student/Instructor: Attach to this sheet a separate typed justification for this independent study. Please include the anticipated graduation date. The syllabus must include the following: measurable and appropriate student learning outcomes, a listing of all course activity, time-line for course completion, grading process, and standard CSC disclaimer page.

Agreements:

I agree to the learning activities, the timeline, and the manner in which the course will be graded.

Signature of Student Date

This is the binding agreement for the course as agreed upon by the student and the instructor.

Signature of Instructor Date

Approval:

Signifying approval to offer course and that Dean has the necessary resources to handle the independent study.

Signature of Dean of Curriculum Date

Signifying the policies of the institution are upheld and that the expense can be justified.

Signature of Vice President for Academic Affairs Date

Copies to: Start Office, Student, Instructor, TLC office, Business office and Dean Office.

Approval for payment at course conclusion:

Signifies a grade has been posted for this course, and sends completed form to the Human Resources Office for processing.

Signature of Academic Dean Date

Copies to: Human Resources office