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.

_________________________________________ Date

Signature of Student

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

_________________________________________ Date

Signature of Instructor

Approval:

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

_________________________________________ Date

Signature of Dean of Curriculum

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

_________________________________________ Date

Signature of Vice President for Academic Affairs

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.

_________________________________________ Date

Signature of Academic Dean

Copies to: Human Resources office

Revised 7/18/2017