

MICHIGAN STATE UNIVERSITY
APPLICATION FOR INDEPENDENT STUDY

PLEASE READ THE GUIDELINES BEFORE COMPLETING THIS FORM.
ALL ITEMS MUST BE COMPLETED BEFORE APPROVAL SIGNATURES ARE OBTAINED.

Please Type or Print			
NAME: _____	_____	_____	DATE: _____
Last	First	Middle Initial	
PID: _____	LEVEL: _____	CLASS: _____	MAJOR: _____
			CUMULATIVE GRADE - POINT AVERAGE: _____

COURSE ALPHA CODE AND NUMBER _____ CREDITS _____ SEMESTER _____ 20 _____
SECTION NUMBER _____

Number of other Independent Study credits to be earned the same semester _____ Total of prior Independent Study credits in semester credit equivalents: _____

1. DESCRIPTION (Subject matter, purpose, methods) _____

2. RATIONALE (Why independent study rather than regular course?) _____

3. PREPARATION (Relevant course work, reading, work experience, etc.) _____

4. WORK TO BE COMPLETED

(a) Type and amount of reading, writing, lab work, etc. _____

(b) Estimated contact hours per week with instructor: _____ (c) Deadline for submitting work for final evaluation: _____

(d) Evaluation procedure _____

STUDENT'S SIGNATURE _____ PHONE _____

APPROVALS

_____/_____
Instructor Date Academic Adviser Date

_____/_____
Chairperson, Department Offering Course Date

DISTRIBUTION (By Department Offering Course)
Chairperson, Dept. Offering Course
Student
Instructor

Photocopies should be sent, per College preference, to:
Asst. Dean, Student's College
Adviser

PLEASE PRINT YOUR NAME: PID Middle Initial First Last