

Semester \_\_\_\_\_ Year \_\_\_\_\_

**STUDENT INFORMATION:**

Student ID \_\_\_\_\_

Last Name \_\_\_\_\_

First Name \_\_\_\_\_

Major \_\_\_\_\_

Day Phone \_\_\_\_\_

**DEGREE AUDIT INFORMATION:**

This course will count in the student's program of study as:

 Major Requirement  Major Elective  General Elective

Credits \_\_\_\_\_ Grade Type: P/F \_\_\_\_\_ Letter Grade \_\_\_\_\_

Begin Date \_\_\_\_\_ End Date \_\_\_\_\_

Faculty Supervisor \_\_\_\_\_

**POLICY:**

Independent study is an in-depth examination of a particular topic, on a contractual basis and under the limited supervision of a full-time faculty member in a related discipline. **Independent study is not a substitute for an existing course**, but provides the student with the opportunity to pursue a subject in more depth and in a more independent manner than is possible in a traditional course. Students are responsible for developing their own proposal, following through with assignments and working independently. The amount of supervision will be determined by the faculty member and included on the Independent Study Application form. Student initiated proposals, including rationale and goals, must be submitted via the Independent Study Form.

In accordance with the College's Credit hour policy, students must complete independent work time commensurate with in-class courses, where 45 hours of learning activities are required for every one credit earned. (135 hours for a three-credit course.) Students must document their hours on the attached Independent Study Time Sheet.

- **Only upper-class students with a minimum GPA of 2.5 and sixty (60) earned credits are eligible to register for 1-4 credits of independent study.**
- Students may take up to six (6) credits of *independent study* during their attendance at La Roche College.
- Individual departments may further limit the maximum number of credits allowed.
- Normally only one *independent study* may be completed in a semester.
- For each credit, the student must document a minimum of forty-five (45) hours of *independent study* work equaling one hundred thirty-five (135) hours for each three (3) credit study (attached time sheet to record your hours).
- Each department will decide whether or not to offer an *independent study*.

**PROCEDURE:**

This form, with all signatures must be submitted to the Registrar's Office by the end of the add/drop period for the semester. The Registrar's Office will add the Independent Study course to the student's registration schedule.

Topic: \_\_\_\_\_

Proposal: (Rationale and Goals - attach additional sheet if necessary)

Method of Evaluation: \_\_\_\_\_

Date Study to Be Completed \_\_\_\_\_

**CONTACT HOURS:** With Instructor \_\_\_\_\_ hrs./contacts/meetings/per \_\_\_\_\_ (week, month, semester)

Comments: \_\_\_\_\_

*Student must document independent work hours on the attached Independent Study Time Sheet*

**Note to Student:**

- Please provide a local address or mailbox number. A copy of this form will be mailed to you by the Registrar's Office.

Address Line 1 or LRC Mailbox No. \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

Zip \_\_\_\_\_

**REQUIRED SIGNATURES:**

*I agree to complete the Independent Study under the conditions prescribed by the faculty instructor. By signing below I am requesting registration for the course listed and assume all academic and financial responsibilities related thereto.*

\_\_\_\_\_  
*(Student's Signature)*

\_\_\_\_\_  
*(Date)*

*I agree to offer this Independent Study course to the above named student during the specified semester time period.*

\_\_\_\_\_  
*(Faculty Instructor's Signature)*

\_\_\_\_\_  
*(Date)*

\_\_\_\_\_  
*(Academic Advisor's Signature)*

\_\_\_\_\_  
*(Date)*

**ADMINISTRATIVE APPROVALS:**

\_\_\_\_\_  
*(Department Chair Signature)*

\_\_\_\_\_  
*(Date)*

\_\_\_\_\_  
*(Division Chair Signature)*

\_\_\_\_\_  
*(Date)*

*The above-named student meets the necessary criteria for an independent study.*

\_\_\_\_\_  
*(Registrar's Signature)*

\_\_\_\_\_  
*(Date)*

*The Independent Study as described in the above contract is approved.*

\_\_\_\_\_  
**(Associate V.P. for Academic Affairs & Graduate Dean Signature)**  
Office of Academic Affairs-ZCC202

\_\_\_\_\_  
*(Date)*

**REGISTRAR'S OFFICE USE:**

\_\_\_\_ Catalogue

\_\_\_\_ Schedule

\_\_\_\_ Degree Audit

\_\_\_\_\_  
*(Registrar's Office Authorized Signature)*

Course Number/Section \_\_\_\_\_

\_\_\_\_\_  
*(Date)*

Copies to Faculty Instructor, Student, Academic Affairs

- You are now enrolled in the above-noted course and bound by all drop/withdrawal deadlines and refund policies of the College.

# INDEPENDENT STUDY STUDENT TIMESHEET

*Student: Please submit completed timesheet to the Faculty Instructor by the end date indicated above.*

## STUDENT INFORMATION:

Student ID \_\_\_\_\_

Student Name \_\_\_\_\_

## COURSE INFORMATION:

Course Number \_\_\_\_\_

Course Title \_\_\_\_\_

Begin Date \_\_\_\_\_ End Date \_\_\_\_\_

Faculty Instructor \_\_\_\_\_

Date	Hours	Description of Work/Learning Activities

Student ID \_\_\_\_\_

Course Number \_\_\_\_\_

Student Name \_\_\_\_\_

Course Title \_\_\_\_\_

Date	Hours	Description of Work/Learning Activities
Total Hours		45 hours per 1 credits required. 135 hours for a 3-credit course.

*I hereby certify that the information above is true and accurate.*

\_\_\_\_\_

(Student Signature)

\_\_\_\_\_

(Date)

**Student: Please submit completed timesheet to the Faculty Instructor by the end date indicated above.**