

REQUEST FOR INDEPENDENT STUDY
Simpson College Office of Academic Affairs

Student's Name _____ I.D. _____

Cell or Phone Number _____ Email address _____

Student's Signature _____ Date _____

Directions:

1. This request form is for creating an independent study course.
 2. The course will be numbered 180, 280 or 380.
 3. This form must be submitted no later than the last day of the add period for the term. The dates of the add period are available online in the Academic Calendar.
 4. The Department Chair's signature verifies that the department agrees to the offering of this independent study and how this course will affect faculty load.
 5. The signature of the Associate Vice President of Academic Affairs is required only if the course offering falls outside normal full-time faculty load or outside of the normal academic year.
 6. Submit this form and all supporting documentation to the Registrar's Office.
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Course: Dept. _____ Number (circle one) 180 280 380

Term in which work will be done and credit received: _____

Title of Study _____

Attach the following required documentation.

1. Rationale for why the independent study is needed including an explanation of the role it will play in the academic program and why the need cannot be filled with current catalog offerings.
 2. The learning objectives of the study
 3. Methods in which the learning objectives will be met
 4. Materials to be used in the study, including readings, resources, etc.
 5. The nature of the final report (paper, film, recital, portfolio, etc.)
 6. If the independent study is off-campus, also provide the following.
 - a. Name and address of organization, or other designation of site(s), at which the project will be done.
 - b. What unique resources exist at the location of the project which require that it be conducted there rather than on campus?
 - c. Describe and give evidence of the formal arrangements you have made to use those resources. An informative letter from a responsible official at the organization where the study will be done is adequate.
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Advisor's Signature _____ Date _____

Study Supervisor's Signature _____ Date _____

Department Chair's Signature _____ Date _____

Associate VP of Academic Affairs' Signature _____ Date _____

(See direction number 5 before obtaining signature of AVPAA)