A student wishing to enroll in the Independent Study course should complete this form before registration for the term in which the course will be taken. **Agreement is not complete without both the faculty and student's signature.** Student should discuss the taking of an Independent Study course with their faculty advisor before signing up for an Independent Study course.

RETURN THIS FORM TO THE STUDENT AFFAIRS OFFICE, ROOM 220

Student's Name: _______________________________ Student ID#: ____________________________

Student’s Phone #: ___________________ Student e-mail: _______________________________

Semester (Please circle):  Spring  Summer  Fall  YEAR: _______________

Number of Credit Hours for Course: ___________

Clinical Agency to be Used: ______________________________________

Independent Study Title: ______________________________________

Course or Topic Description: __________________________________

___________________________________________________________________________

___________________________________________________________________________

Course or Topic Objectives: ________________________________________________

___________________________________________________________________________

___________________________________________________________________________

___________________________________________________________________________

Strategy(ies) for Achieving Objectives: ________________________________________

___________________________________________________________________________

___________________________________________________________________________

___________________________________________________________________________

Criteria for Evaluation: ______________________________________________________

___________________________________________________________________________

___________________________________________________________________________

Course Grading System (circle one): Pass/Fail  Letter Grade (A-F)

Faculty's Signature: _________________________________________ Date: _____________

Student's Signature: _________________________________________ Date: _____________