Undergraduate Independent Study Proposal, Course Creation, and Registration Form

** Independent Study is NOT available to Non-Degree students**

Please use this form, effective for Fall 2024 term and forward

Part I: Student Information
(to be completed by student)

Name __________________________________________ ID# __________________________
Major Department ______________________________________________
Degree Program (circle one)  AAS  BFA  BS

Independent Study will be pursued in the ______________ (semester) ______________ (year)*

Have you ever completed an Independent Study in a previous semester?  ____Yes  ____No

Confirm that you meet the following requirements for Independent Study:

☐  My GPA is 3.5 or higher
☐  I am a 3-4th semester or 7-8th semester student and I have attached a degree audit to verify GPA & semester status.

Forms are due in the Dean’s office by December 1st for Spring and May 1st for Fall.

Part II: Intent of Study
(to be completed by student with consultation from Faculty)

You may use the space below or attach additional sheets, if needed.

1. Number of Credits: Please keep in mind that one credit for independent study will be awarded for the equivalent of forty-five 50-minute sessions of student academic activity. (from SUNY's credit/contact hour policy for independent study)
   - 1 credit = 45 hours
   - 2 credit = 90 hours
   - 3 credit = 135 hours
   - Number of credits for this IS course: ______

2. Course Description:


   Upon completion of this independent study course, student will be able to:

   • 
   • 
   • 

4. Reading or texts

5. Grading Method/Evaluation: (with percentages; must total 100%).

6. Units/Weeks of Study and hours:

7. Unit Descriptions: (Please attach in detail what topics will be covered in each unit or week. Specific assignments are not necessary unless they aid in understanding the unit).

8. Bibliography (See citation styles here: https://www.fitnyc.edu/writing-studio/guides/citing.php

9. Other notes regarding Independent Study course: (optional; please attach another sheet if necessary)
Part III: Course Information
(to be completed by instructor responsible for the section)

Please provide the course details below (The Registrar’s Office will build the section for this student, per your approval):

Subject: _____
Course (circle one): 299  499
Independent Study Title (ex: Indep Std: Hats of the 1920s): ___________________________________________________
# Credits (Range: 1.0 – 3.0): ______

Instructor Signature: ___________________________________________ Date: __________
Instructor ID#: ___________________________

Part IV: Registration Details
(to be completed by student)

I __________________________________________ hereby elect to enroll in the following Independent Study Course and have obtained the proper permissions from the course instructor, Department Chair, and School Dean. I understand that once registered, standard tuition and fees will be applied.

I understand if I register and do not attend, or fail to complete the coursework, I will be responsible for payment of tuition of fees.

I understand Independent study courses may only fulfill a general elective or excess course, and cannot apply towards academic minor requirements.

I agree to withdraw from Independent Study by the deadline posted in the academic calendar if my instructor has determined I have not made sufficient progress towards completing my project in that amount of time. I understand that a grade of “Incomplete” is not approved for Independent Study.

Student’s Signature: ___________________________________________ Date: __________

Part V: Required Signatures
Please obtain the following required permissions and confirmation of appropriate GPA and semester status:

Department Chair: ___________________________ Date: __________
School Dean: ___________________________ Date: __________

** The Dean’s Office should then return this form to the Registrar’s Office, C -158, wherein your registration shall be processed **

Registrar’s Office Use Only:
Date of section creation: __________
Section Number: __________
CRN: __________
Registration Processed By: ___________________________ Date: __________

Registrar’s Office: Return copies to Dean, Chair, and Instructor upon course section creation and registration
Scan copy for file