

# University of the Incarnate Word

## Request for Independent Study

**Independent Study Policy:**

- A minimum GPA of 3.00 (cumulative or most recent term) is required for enrollment
- Enrollment limited to one independent study course per semester
- A maximum of 12 semester hours earned through independent study will apply toward the degree
- Open to juniors and seniors for study in their major or minor area
- Requires approval of the student's advisor, instructor directing the course, and the school/college Dean for the course requested

Student's Name: \_\_\_\_\_ Student's ID: \_\_\_\_\_

Local Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Student's Major: \_\_\_\_\_ Minor: \_\_\_\_\_

Enrollment Period Requested (Select One Term and Indicate Year):

Fall Terms		Spring Terms		Summer Terms	
	Fall Long		Spring Long		Summer Extended
	Fall Mini I		Spring Mini I		Summer I
	Fall Mini II		Spring Mini II		Summer II
	ADCaP Fall Mini I		ADCaP Spring Mini I		ADCaP Summer I
	ADCaP Fall Mini II		ADCaP Spring Mini II		ADCaP Summer II
	Online Fall Mini I		Online Spring Mini I		Online Summer
	Online Fall Mini II		Online Spring Mini II		Pastoral Summer Institute

**Study Proposal:**

Dept/Course Number (Assigned number, 4x98 or 6x98): \_\_\_\_\_  
Dept Number

Credit Hours \_\_\_\_\_ How many hours per week will the student meet with the instructor? \_\_\_\_\_

Descriptive Course Title: \_\_\_\_\_

Instructor of the Course: \_\_\_\_\_

Provide the rationale for enrollment by independent study: \_\_\_\_\_

Provide a description of proposed study and assessment: \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Student's Signature \_\_\_\_\_ Date 6/3/09 11:53 AM

**Approval Signatures:**

Advisor: \_\_\_\_\_ Date: \_\_\_\_\_

Instructor: \_\_\_\_\_ Date: \_\_\_\_\_

Dean: \_\_\_\_\_ Date: \_\_\_\_\_

**Registrar's Office Use Only**

GPA \_\_\_\_\_ Hours Earned \_\_\_\_\_ CRN \_\_\_\_\_ Comments: \_\_\_\_\_