

REQUEST FOR INDEPENDENT STUDY

INDEPENDENT STUDY – designed to cover specialized material not usually included in a course offering listed in the catalog. **MUST BE SUPERVISED BY AN APPROVED INSTRUCTOR.**

ALL ITEMS MUST BE ATTACHED TO THE PROPOSAL OR IT WILL BE RETURNED TO THE STUDENT

Name: _____ Student ID # _____ Date: _____

Address: _____

Degree/Concentration: _____ Term Requested: _____

1. **Consult** with desired supervisor and obtain their agreement to supervise this Independent Study.

Title of the Study: _____

Credit hours: ____ Professor's signature: _____

2. **Attach** a typed proposal containing the following; working with the desired supervising professor:

- a. Statement of Purpose (1 paragraph)
- b. Significance of the Study (2-3 paragraphs)
- c. Description of the Methodology (1 page at most)
- d. Description of the length of the project (e.g., 10-15 pages, 10 lessons, etc.)
- e. One full page of bibliography (Turabian style) representing the complete spectrum of the study

3. **Communication Agreement:** The student must contact the professor at least once every two weeks during the independent study time period. Students are encouraged to do so by email; other options include office appointments, phone calls or other means deemed appropriate. Student signature: _____

4. **The Independent Study fee is \$120 per credit hour; this is in addition regular tuition charges.**

1. **Submit** proposal and all items requested to the Department Chairperson and the Academic Dean for signed approval. Electronic signatures are acceptable. Once required signatures are obtained, please submit all documents to the ATS registrar's office (fax 419-289-5650; email ATS-registrar@ashland.edu; mail, or in person).

2. **APPROVAL** is required before an independent study may be registered or coursework started. **The student must gain all necessary approvals before the end of the add/drop period for the desired quarter of registration.**

ACTIONS:

_____ Approved as Proposed

_____ Approved with modifications as follows:

_____ Not approved; reason(s) follows:

Academic Dean

Date

Course number assigned: _____

An email notification will be sent to verify registration with a copy of the approved request.

FEE PAID: _____