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:

_____________________________________________

____________________________________________________________________________________

__________________________________________ Date

Academic Dean

Course number assigned: __________________________ An email notification will be sent to verify registration with a copy of the approved request.

FEE PAID: ____________________________

Revised 5/17