



Abilene Christian University Independent Study Request Form

Student name _____ Banner ID _____ Date _____

Major/Program _____ Degree: _____ GPA _____

Hours earned toward current degree: _____ Hours earned as independent study toward current degree: _____

Rationale and intended student outcomes and artifacts of the proposed study:

To be completed by faculty member:

Faculty member: _____ Rank: _____ Department: _____

Independent study course title: _____ Term or part of term: _____

Independent study course number (example: ENGL 100): _____

Please attach a syllabus that includes learning outcomes and measures prior to submitting this form to the department chair.

To be completed by department chair:

Student's proposed independent study request meets requirements indicated below: *(affirm that all apply by initialing)*

_____ If proposed course counts toward *(select one below)*

_____ undergraduate degree, independent study hours would not comprise more than 5% of student's undergraduate degree.

_____ graduate program, independent study hours would not comprise more than 20% of student's graduate degree.

_____ Enhances student's degree plan.

_____ Proposed course content does not duplicate an approved course listed in the catalog.

Department chair decision: Approve Deny

Signature: _____ Date: _____

Dean decision: Approve Deny

Signature: _____ Date: _____