

STEPHENS COLLEGE
INDEPENDENT STUDY PLAN

Student Name: _____ Student Number _____
Campus Box _____ Phone _____ FR SO JR SR GR

TITLE OF STUDY (Note: Titles using more than 21 spaces will be abbreviated on transcript)

Readings in: _____

Project in: _____

Special Study in: _____

DESCRIPTION OF STUDY (Substitutes for catalog course description)

Rationale for Independent Study (Does the study meet a degree requirement the student cannot meet in any other way?)

How will the grade be determined? How often will the student meet with the instructor?

Type of grade to be assigned: A-F SU Date to be completed: _____

Credit to be granted: _____ Semester hours

Year: 20_____ Term: FALL SPRING SUMMER Session: _____

*Course Number: _____

*Department prefix and course level to be determined and approved by the Department Chair from the following:

SPECIAL STUDY: 195, 295, 395, 495; (Work-related, usually off-campus)	READINGS: 198, 298, 398, 498; (Research paper required)	PROJECT: 199, 299, 399, 499; (Project, may include research paper)
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APPROVALS TO BE OBTAINED BY THE STUDENT

Instructor signature: _____ Date: _____

Adviser signature: _____ Date: _____

Department Chair* signature: _____ Date: _____

Student Signature: _____ Date: _____

If the Department Chair approves a \$250 stipend, based on the need for the study, a copy of this form should be sent to the Office of the Vice President for Academic Affairs, Box 2005. **Attach syllabus.**

Vice President for Academic Affairs: _____
Signature date