

Student-Designed Independent Study Proposal

Subcode # _____

Title _____

Date Processed ____/____/____

Students are required to complete this form and have it approved and signed by a resident faculty member in the appropriate department before they register for student-designed independent studies. **At the time of registration, this form must be attached to the registration form.** If you have any procedural questions, call you college advising center or your advisor.

Student Name _____ SSN ____/____/____ Date _____

Address _____ City _____ State ____ Zip _____

Advisor Name _____ Student Phone (h) _____ (w) _____

Level _____ Number of Credits _____

(lower division, upper division, graduate)

Appropriate Department Signature _____

(Not evaluator's signature. Signature indicates approval to register.)

Printed Name _____

Course Title: _____

Competence Statement (note: You do not need to include everything a student knows in the competence statement. You can give a fuller evaluation on the LE)

I. Evaluator Information *(Refer to the [evaluator list](#) in the current Class Schedule.)*

____ Resident Faculty

Name _____ Community Faculty

If the evaluator is not a Metropolitan State resident or community faculty member, you must provide the following information and attach a copy of the evaluator's resume.

Address _____ Phone (h) _____

City/State/Zip _____ (w) _____

II. Resource Materials

A. Books

Title _____ Author _____

Title _____ Author _____

Title _____ Author _____

B. Journals/Magazines

Title _____ Author _____

Title _____ Author _____

Title _____ Author _____

III. Learning Outline

List topics to be addressed in this independent study. (Use additional sheets if necessary.)

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____

IV. Learning Strategies

V. By what techniques will the independent study be evaluated?

- | | | | |
|--|--|--|--|
| <input type="checkbox"/> research paper | <input type="checkbox"/> simulation | <input type="checkbox"/> situational observation | <input type="checkbox"/> journal |
| <input type="checkbox"/> oral exam | <input type="checkbox"/> essay test | <input type="checkbox"/> project evaluation | <input type="checkbox"/> written exercises |
| <input type="checkbox"/> objective test | <input type="checkbox"/> simulation exercise | | |
| <input type="checkbox"/> other (please describe) | | | |
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VI. For Department Faculty's Use Only

If not approved for registration, please provide rationale for not approving and suggest what, if anything, the student might do to revise the proposal. Return this form to the student's advisor.
