Student-Designed Independent Study (SDIS) Proposal

Who needs to use this form?
A student who wishes to request credit for student-designed independent study (SDIS). Complete sections 1–3 and page 2 after consulting with your advisor and the intended evaluator.

Important Notes
• Before your SDIS will be registered, this form must be approved and signed by the department chair of the appropriate department and the dean of the college.
• Contact your advisor/college advising center with any procedural questions.

How to Submit
Submit the completed form to Gateway Student Services by mail to the address above, in person, or by e-mail from your Metro State account.

Section 1: Student Information

Student Name: ____________________________________________   ________________________________________   ___________________  
Last           First                 Middle
Permanent address: _______________________________________     _____________________________   __________   __________________
Street                                                  City                                                        State                  Zip Code
Phone (with area code): (________) ________ -  ____________  Metropolitan State e-mail address:  _______________________________________
Metropolitan State student ID: ___ ___ ___ ___ ___ ___ ___ ___        Advisor (first and last name): __________________________

Credits: _____ Term: q Fall q Spring q Summer Year _____  Level: q Lower q Upper q Graduate Grading: q Letter  q Pass/No credit

Please check the academic calendar for registration deadlines.

Subject/Dept.:   _______________  
q 160  q 360  q 660 _  ______________________________________________________________________
Number  Title

Section 2: Registration Information

Proposed competence statement:
____________________________________________________________________________________________________________________________________
____________________________________________________________________________________________________________________________________
____________________________________________________________________________________________________________________________________
____________________________________________________________________________________________________________________________________

Evalutation techniques--check all that apply:
q Essay  q Oral interview  q Portfolio review  q Written exercise  
q Journal  q Project evaluation  q Simulation  q Other (describe):
q Objective test  q Research paper  q Situational observation

Section 3: Evaluator Information

Evaluator: _________________________________________________________________  q Resident faculty  q Community faculty  q Other*
Phone (day): ______________________________________________Email address: __________________________________________________

*If the evaluator is not a Metropolitan State resident or community faculty member, you must attach a copy of the evaluator's résumé with permanent address, phone (with area code), and e-mail address.

Department chair signature: __________________________________________________ Date: ___ / ___ / ______  
Signature indicates approval to register.  MM   DD   YYYY
Dean signature: ____________________________________________________________ Date: ___ / ___ / ______
Signature indicates evaluator assignment/readiness to register.  MM   DD   YYYY

Office Use Only

SDIS approved? q Yes  q No - Provide rationale/suggestions for revision, and return form to the student listed. Cost center # ____________
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Resource Materials
List the resources you intend to use (title, author, etc) and indicate the type of resource.

☐ Book  ☐ Journal/Magazine

☐ Book  ☐ Journal/Magazine

☐ Book  ☐ Journal/Magazine

☐ Book  ☐ Journal/Magazine

☐ Book  ☐ Journal/Magazine

If other, describe below. Attach additional sheets as necessary.

Learning Outline
List topics to be addressed in this independent study. Attach additional sheets as necessary.

1.___________________________________________________________________________________________________________________

2.___________________________________________________________________________________________________________________

3.___________________________________________________________________________________________________________________

4.___________________________________________________________________________________________________________________

5.___________________________________________________________________________________________________________________

Learning Strategies
How will you apply your knowledge? Write your statement below. Attach additional sheets as necessary.

___________________________________________________________________________________________________________________

___________________________________________________________________________________________________________________

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