



Gateway Student Services  
 700 East Seventh Street  
 Saint Paul, Minnesota 55106-5000  
 Phone: 651-793-1300  
 E-mail: gateway@metrostate.edu

# Student-Designed Independent Study (SDIS) Proposal

## Who needs to use this form? Important Notes

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.

- 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): \_\_\_\_\_

### Section 2: Registration Information

Credits: \_\_\_\_\_ Term:  Fall  Spring  Summer Year \_\_\_\_\_ Level:  Lower  Upper  Graduate Grading:  Letter  Pass/No credit  
*Please check the academic calendar for registration deadlines.*

Subject/Dept.: \_\_\_\_\_  160  360  660 \_\_\_\_\_  
Number Title

Proposed competence statement:  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Evaluation techniques--check all that apply:

- |   |   |  |  |
|---|---|--|--|
| <input type="checkbox"/> Essay          | <input type="checkbox"/> Oral interview     | <input type="checkbox"/> Portfolio review        | <input type="checkbox"/> Written exercise        |
| <input type="checkbox"/> Journal        | <input type="checkbox"/> Project evaluation | <input type="checkbox"/> Simulation              | <input type="checkbox"/> Other (describe): _____ |
| <input type="checkbox"/> Objective test | <input type="checkbox"/> Research paper     | <input type="checkbox"/> Situational observation |  |

### Section 3: Evaluator Information

Evaluator: \_\_\_\_\_  Resident faculty  Community faculty  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?  Yes  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.

_____	<input type="checkbox"/> Book	<input type="checkbox"/> Journal/Magazine
_____	<input type="checkbox"/> Book	<input type="checkbox"/> Journal/Magazine
_____	<input type="checkbox"/> Book	<input type="checkbox"/> Journal/Magazine
_____	<input type="checkbox"/> Book	<input type="checkbox"/> Journal/Magazine
_____	<input type="checkbox"/> Book	<input type="checkbox"/> 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.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_