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: ____________________________

Permanent address: ____________________________

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

Subject/Dept.: ____________

Number: 160 360 660 ______ Title

Proposed competence statement:

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

Evaluation techniques—check all that apply:

[ ] Essay [ ] Oral interview [ ] Portfolio review

[ ] Journal [ ] Project evaluation [ ] Simulation

[ ] Objective test [ ] Research paper [ ] Situational observation

[ ] Written exercise [ ] Other (describe): ____________________________

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.

Dean signature: ____________________________ Date: ____ / ____ / ______

[ ] Signature indicates evaluator assignment/Readiness to register.

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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Where life and learning meet.

Metropolitan State University

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Saint Paul, Minnesota 55106-5000
Phone: 651-793-1300
E-mail: gateway@metrostate.edu

Member of the Minnesota State Colleges and Universities (MnSCU) system
# Student-Designed Independent Study (SDIS) Proposal

## Resource Materials

List the resources you intend to use (title, author, etc) and indicate the type of resource.

<table>
<thead>
<tr>
<th>Resource Type</th>
<th>Title</th>
<th>Author</th>
</tr>
</thead>
<tbody>
<tr>
<td>Book</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Journal/Magazine</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

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## Learning Outline

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

1.

2.

3.

4.

5.

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## Learning Strategies

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

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