Student-Designed Independent Study



Complete this form and have it signed by the faculty member, chair and dean in order to be registered for Student-Designed Independent Study. For questions, contact the Student-Directed Learning office, sdl@metrostate.edu.

Accessibility Resources: This document is available in alternative formats upon request, by contacting the Center for Accessibility Resources, at Accessibility.Resources@metrostate.edu or 651-793-1549. If you need disability-related accommodations, please contact the Center for Accessibility Resources.

Cont	act Information			
:	Student Name:			
;	Student ID#:			
	Metro Email:			
	Phone:			
ا	Major:			
	Advisor Name:			
Cour	se Information			
	Title:			
((maximum of 75 characters):			
	Term:			
•	Year:			
:	Subject Code: (for example ICS, PSYC, WRIT)			
(Grading option:			
1	Number of Credits:			
1	Level:			
Student Signature to request registration:				

1.	. Competence Statement: Summarize your proposed course? What learning will you demonstrate?				
2.	 Learning Outcomes: What are the specific learning outcomes you have achieved or plan to achieve? If you are proposing a course equivalency, list the course number and the outcomes from the official course description. If you are proposing that your PLA count for General Education or RIGR, make sure to address those requirements. 				
3.	3. Learning Process: What was your learning process? What were your learning activities?				
4. Resources: What resources have you used in your learning?					
	Assessment and Evaluation Methodocase study certificate/license/exam essay journal objective test observation	ds: (check those that apply) oral interview portfolio presentation project evaluation reflective paper research paper	☐ simulation☐ other (describe below):		
6.	Who have you consulted on this pr	roposal?			