# **Student-Designed Independent Study**

**To register for Student-Designed Independent Study:** Complete this form and have it signed by the faculty member, department chair, and college dean. For questions, email 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.

## Contact Information

**Student Name**: Click or tap here to enter your name.

**Student ID#:** Click or tap here to enter Student ID.

**Metro Email:** Click or tap here to enter email.

**Phone:** Click or tap here to enter your phone.

**Major:** Click or tap here to enter your major.

**Advisor Name:** Click or tap here to enter Advisor.

## Course Information

**Title:** Click or tap here to enter title.(maximum of 75 characters):

**Term:** Choose an item.

**Year:** Click or tap here to enter year.

**Subject Code:** Click or tap here to enter Subject Code.

(for example ICS, PSYC, WRIT)

**Grading option:**  Choose an item.

**Number of Credits:** Click or tap here to enter number of credits.

**Level:** Choose an item.

**For International students, this SDIS includes in person meetings:** Choose an item. **(if yes, complete Appendix on the last page)**

**Student Signature to request registration:**

(Typed name is acceptable.)

**Evaluator Information**

**Evaluator Name:** Click or tap here to enter evaluator name.

**Tech ID:** Click or tap here to enter evaluator tech ID.

**E-mail:** Click or tap here to enter evaluator email.

**Role:** Choose an item.

**Evaluator Signature:**

**Department Approval**

[ ]  Approved for Registration

**Chair Signature:**

**College Approval**

**College:** Click or tap here to enter college name.

**Cost Center**: Click or tap here to enter text.

[ ]  Approved for Registration

[ ] Approved for Faculty Work Assignment

**College Dean Signature:**

1. **Competence Statement:** Summarize your proposed course? What learning will you demonstrate?

Click or tap here to enter proposed course description.

1. **Learning Outcomes:** What are the specific learning outcomes you plan to achieve?
* If you are proposing that your SDIS count for General Education or RIGR, make sure to address those requirements.

Click or tap here to enter learning outcomes.

1. **Learning Process:** What is your planned learning process?Describe your planned learning activities?

Click or tap here to your learning process.

1. **Resources:** What resources will you use in your learning?

Click or tap here to enter learning resources.

1. **Assessment and Evaluation Methods:**

[ ]  case study

[ ]  certificate/license/exam

[ ]  essay

[ ]  journal

[ ]  objective test

[ ]  observation

[ ]  oral interview

[ ]  portfolio

[ ]  presentation

[ ]  project evaluation

[ ]  reflective paper

[ ]  research paper

[ ]  simulation

[ ]  other (describe):

Click or tap here to enter description for other evaluation.

1. **Who have you consulted on this proposal?**

Click or tap here to enter who you consulted.

## Appendix: In Person Meetings (if applicable)

International students who need in person credits should complete this section.

|  |  |  |  |
| --- | --- | --- | --- |
| **Meeting Date** | **Start Time** | **End Time**  | **Hours**  |
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|  |  |  |  |
|  |  |  |  |
| **Total hours**  |  |

**Meeting location:** Click or tap here to enter meeting location.

To be considered in person, an SDIS needs the minimum in person contact hours:

|  |  |
| --- | --- |
| **Fall and Spring** Number of Credit Hours | **Minimum** In Person Contact Hours Required for Intl Students |
| 4 | 12.5 |
| 3 | 9.375 |
| 2 | 6.25 |
| 1 | 3.125 |

|  |  |
| --- | --- |
| **Summer** Number of Credit Hours | **Minimum** In Person Contact Hours Required for Intl Students |
| 4 | 12.5 |
| 3 | 9.5 |
| 2 | 6.25 |
| 1 | 3 |