OFFICE OF STUDENT ASSISTANCE

INDEPENDENT STUDY APPLICATION

STUDENT ID NUMBER | LAST NAME | FIRST NAME | MIDDLE

If this is a new address/phone #, please indicate what you would like to be updated on your record ☐ **Address** ☐ **Telephone**

STREET ADDRESS/P.O. BOX | CITY | STATE | ZIP

DAY TELEPHONE NUMBER | EVENING TELEPHONE NUMBER | MOBILE/CELL NUMBER | E-MAIL ADDRESS

IF YOU HAVE FILED FOR GRADUATION, PLEASE NOTIFY THE DEGREE AUDIT OFFICE OF THESE CHANGES

PURPOSE AND ADMISSIONS REQUIREMENTS: The purpose of the Independent Study Program is to encourage qualified students to undertake research and study beyond the normal offerings. An Independent Study project may not be used to receive credit for a course listed in the University Catalog. Independent Study will appear on the student's transcript as Independent Study and not as a course already listed in the Catalog. Independent Study may not be used to satisfy an elective requirement. Applicants should have a minimum overall GPA of 3.00 (B average). Undergraduate students must have a minimum of 60 credits toward their degree. A maximum of 6 credits of Independent Study may be taken in a given semester. Please review a fuller description of the program as it appears in the University Catalog.

School_____Degree_____Major_____

Cumulative GPA _____ Total Pace Credits _____ Total Transfer Credits _____

Have you participated in the Independent Study Program before? _____ If Yes, how many times? _____

Have you or will you apply to undertake other Independent Study Projects this semester? _____

DETAILS AND TERMS OF INDEPENDENT STUDY PROJECT

Please state the reason for applying for an Independent Study Project:

_____

_____

_____

Please describe the topic for the Independent Study:

_____

_____

_____

Give brief description of how you plan to research and develop your Independent Study project:

_____

_____

_____

How will this Independent Study meet the requirements of your degree at Pace?

_____

_____

Method of performance appraisal and grading:

_____

_____

Contact hours: _____ Date project is due: ___/___/___ _____has agrees to supervise the Ind. Study project.

(Print Faculty Member Name)

The information on this application has been reviewed and agreed upon by both student and faculty member. The terms of the Independent Study Project are listed above and are submitted for departmental and Dean's approval.

_____ _____

Student's Signature Date Signature of Instructor Supervising Project Date

Department	Subject & Course Number	Course Reference Number	Credits	Semester

Signature Approvals form on back must be completed and returned to the Office of Student Assistance. Students must follow appropriate approvals per school.

Independent Study Application

Approval Requirements by School

All request must be signed by the designated departmental approver. Once written approval has been granted, you are required to submit this form to Office of Student Assistance.

	Academic Associate Dean	Department Chairperson
Lubin School Business		

	Department Chairperson	Academic Dean
Seidenberg School of Information Systems		

	Department Chairperson	Academic Dean
School of Education		

	Department Chairperson	Academic Dean
College of Health Professions		

	Department Chairperson	Academic Associate Dean
Dyson College of Arts and Science		