



# POLICY & INSTRUCTIONS FOR COMPLETING INDEPENDENT STUDY FORM

## Policy:

Independent Study is a supervised course of study initiated by the student. The proposal must be approved with signatures from the faculty member of record and Department Chair. NOTE: Only Full-time faculty members may direct an independent study (1-6units)\*.

**\*Office of the Bursar: Half units are not accepted for Independent Study courses.**

## Instructions:

**1.** Students must prepare and present a written proposal for approval to a tenured faculty member who agrees to serve as the student's Independent Study Faculty Advisor for a specified quarter. (Students may choose a Faculty Advisor in the discipline of their choice.)

The written proposal must include the following information:

- Course syllabus
- Reading lists
- Schedule of Faculty Advisor/Student meetings

**2.** Once the proposal is approved by the Faculty Advisor, the advisor then submits the form to the Department Chair for approval.

**3.** Department Chair has signed, he/she submits the form directly to the Office of Student Services & Assessment (ECPSERVICES@SCU.EDU), "Independent Study Form" in subject line Eligible students will be enrolled in Independent Study courses administratively and notified via SCU email.

## Notes:

1- Procedures for withdrawal from Independent Study courses are the same as for regularly scheduled classes. Please check all refund and drop dates as ALL standard tuition and fees apply.

2- Enrollment in an Independent Study course is a contract and becomes part of the student's workload. No more than 2 Independent Study courses can be used to satisfy graduate coursework. No more than 1 Independent Study course may be taken per term.

**Once this form is completed it is submitted to  
ECPSERVICES@scu.edu with  
"Independent Study form" in the subject line.**



# Application for Independent Study

**NOTE: All registration deadlines and fees apply when enrolling in an Independent study course.**

## Student Information

_____	_____	_____
First Name:	Last Name	SCU ID#
_____	Term:      Fall              Winter              Spring              Summer	
SCU Email _____	Year: _____	

## Course Information

Complete  
Course Title: \_\_\_\_\_

_____	_____	_____
Course #	Course Title to appear of transcript (limit 24 characters)	#of Units

**By signing below I certify that I have read and agree to abide by the requirements listed on page one of this form.**

_____	_____
Student signature	Date

_____	_____
Instructor signature	Date

_____	_____
Department Chair signature	Date

For School of Education and Counseling Psychology use ONLY
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_____	_____
Student Services Processed by	Date

Received  
Date: \_\_\_\_\_

Processed  
Date: \_\_\_\_\_

Student Notified  
Date: \_\_\_\_\_