

APPLICATION FOR GRADUATE INDEPENDENT STUDY

NOTES:

1. Only those can apply for approval of graduate independent study who are:
 - a. matriculated in a graduate program, or
 - b. accepted as an unclassified graduate student, or
 - c. matriculated in an undergraduate program and obtained prior permission to take graduate courses.
2. Credit for independent study in a given semester will be obtained only if the entire registration procedures including payment is completed by the end of the third week of that semester.
3. Independent study credit earned by an unclassified student may not be validated when the student applies for matriculation in a Master's Degree Program at SUNY-Plattsburgh. **DO NOT START THE PROJECT BEFORE YOUR APPLICATION FOR INDEPENDENT STUDY IS APPROVED.**

INSTRUCTIONS-

- A. Read this form carefully. Discuss your proposal with a prospective faculty sponsor and agree with him on all details.
- B. Fill in the section entitled REQUEST.
- C. Attach a separate sheet, headed Study Outline, carefully answering, one by one, the following items:
 1. Statement of the problem or of the investigation to be conducted.
 2. Rationale of the project as graduate work and the reason why you do it as independent study.
 3. Specific materials to be covered (topics; methods used; skills to be mastered).
 4. Procedure you will follow (lectures to be attended, books/papers to be read, labwork, technical processes).
 5. Method of supervision, reporting, and evaluation (how often will you meet with the sponsor, what reports, talks, demonstrations you will give; what grading systems will be used).
- D. **Remark:** Approval of your request depends crucially on your Outline presentation. Please type or print. Present this Form, your Outline, and your Transcript to your Sponsor. If he approves, obtain the signature of the Sponsor, Academic Advisor, Department/ Program Chairman, and finally, hand it in to the Dean of Arts and Science, the Dean of Professional Studies or the Director of the Center for Lifelong Learning (MALS Program).

REQUEST

Student's Name (Print, last name first) _____ Social Security Number _____

Local Address _____ Zip Code _____ Phone _____ Graduate Program _____

Project Title _____ **Approved Course Number** _____

Project will be completed in the 1st 2nd semester of academic year _____

Number of Graduate Credits for **Proposed Independent Study** _____

Faculty Sponsor's Name and Department _____

APPROVAL

Faculty Sponsor: _____ Date _____

Academic Advisor: _____ Date _____

Department /Program
Chairman: _____ Date _____

Appropriate Dean or Director _____ Date _____