



Independent Study Request

Office of Academic Affairs
9700 West Taron Drive | Elk Grove, CA 95757
(P) 916-686-7400 | OAA@cnsu.edu

INSTRUCTIONS & COURSE SPECIFICS/ELIGIBILITY

Independent study provides students with an opportunity to collaborate with faculty on research or specialty projects. Complete the following 4 steps to register:

- 1) The interested student and appropriate faculty member determine the nature and scope of the project to be completed and, in collaboration, design the course, the scope of the project, project specific assignments, methods of evaluation, timeline, and expectations.
- 2) Prior to starting the project/course, the student and the faculty member complete the Independent Study Request.
- 3) The completed request form must be submitted to the Dept. Chair for approval **and then** to the Office of Academic Affairs for final approval at least 2 weeks prior to the start of the semester.
- 4) The approved request form must be submitted to the Office of the Registrar to officially enroll the student in the course.

Specifics and Eligibility

- One to two credit hours allowed per course and will count towards elective requirements;
- Students may enroll in one independent study course per semester;
- Minimum cumulative GPA to enroll is 2.8;
- Students are eligible to take independent study after successful completion of the first semester of the Doctor of Pharmacy program;
- Student must be in good academic standing and not on academic probation;
- Deadline to submit the completed Independent Study form AND register for the course is the 5th day of class of the semester.

STUDENT & COURSE INFORMATION (Please write legibly)

Student Name: _____
First Middle Last

Student ID #: _____ Class of: _____

Term & Year of Planned Course: Fall 20 _____ Spring 20 _____ Summer 20 _____

Instructor's Name: _____ Department: _____

Number of Credits (maximum of 2 per semester): _____ Select One: ELC 750 (P2) ELC 850 (P3)

Course Description (completed by student and instructor; may attach separate document if needed):

Method of Evaluation (completed by student and instructor; may attach separate document if needed):

Student Signature: _____ Date: _____

Instructor: _____ Date: _____

Department Chair: _____ Date: _____

Office of Academic Affairs: _____ Date: _____

OFFICE OF THE REGISTRAR USE ONLY		750/850 Section _____ (01, 02, etc.)
Date Received: _____	Date Registered: _____	Processed By: _____ Rev. 06/17OR