

INDEPENDENT STUDY REQUEST FORM

Calvin College provides the opportunity for students to do independent research or reading when they have demonstrated their competence in the academic discipline involved and have shown the ability to study on their own initiative.

The following regulations apply to all Independent Studies:

- ❖ Study must include substantial research or reading in an area not covered in the regular course offerings of that department.
- ❖ It must be defined in advance of registration.
- ❖ It must be approved by the instructor directing the study, his/her department chair, and the Registrar. *
- ❖ It must be completed within the term.
- ❖ It must be subject to the supervision of the instructor during that term.
- ❖ It shall carry credit of 1 to 4 semester hours.
- ❖ No more than 8 semester hours of such study may be applied toward graduation requirements.
- ❖ The material must not be the same as a course offered during the same semester unless there are conflicts which prohibit the student from taking the course.

If an independent study is being taken overseas the student must also fill out the pre-application for off-campus programs.

* Because such projects require considerable time of the instructor as well as of the student, instructors are not obligated to approve an independent study and are expected to limit the number of students accepted.

Eligibility:

To be eligible for an independent study in a department a student must have completed at least four courses in that department with a minimum grade point average of 3.3 in those courses. List below the courses completed and the grades earned.

_____/_____ dept. & number grade	_____/_____ dept. & number grade	_____/_____ dept. & number grade
_____/_____ dept. & number grade	_____/_____ dept. & number grade	_____/_____ dept. & number grade

Describe the proposed project, including the research that will be done and the basis for determining level of achievement. Use reverse side if necessary. Be sure to list a title below.

Student Name _____ Student No. _____ Class Level _____

E-mail Address _____

COURSE INFORMATION:

Dept/No. _____ Term _____ Title _____ Sem. Hrs. _____

APPROVAL:

Instructor: _____ Date _____ Dept. Chair _____ Date _____

Print Instructor's name _____

Registrar _____ Date _____