

# Graduate Studies Independent Study Proposal, Course Creation, and Registration Form

**\*\* Independent Study is NOT available to Non-Degree students\*\***  
Please use this form, effective for the Fall 2021 term, and forward

Independent study opportunities are available to students in the fall and spring semesters and refer to individualized instruction, which is provided in a tutorial manner outside of a regularly offered class schedule. Participating students work with their sponsoring faculty member to create a course of study and learning outcomes for the independent study and sign an Independent Study Agreement Form to adhere to these learning outcomes. The faculty member assigns the credit value to the course based upon the anticipated learning outcomes and scope of work required during the course of the study.

## **Part I: Student Information**

*(to be completed by student)*

Name \_\_\_\_\_ ID# \_\_\_\_\_

Major Department \_\_\_\_\_ Degree Program *(circle one)* MA MPS MFA

This Independent Study will be pursued in the:  Fall 20\_\_ OR  Spring 20\_\_  
(check one)

Have you ever completed an Independent Study in a previous semester in this degree program?  
 Yes  No If so, when? \_\_\_\_\_

---

Forms must be received in the Registrar's Office by the end of add-drop period in the Fall and Spring Semesters.

## **Part II: Intent of Study**

*(to be completed by student with consultation from Faculty)*

*You may use the space below or attach additional sheets, if needed.*

1. Number of Credits: Please keep in mind that one credit for independent study will be awarded for the equivalent of forty-five 50-minute sessions of student academic activity. *(from SUNY's credit/contact hour policy for independent study)*
  - 1 credit= 45 hours
  - 2 credit = 90 hours
  - 3 credit = 135 hours
  - Number of credits for this IS course: \_\_\_\_\_
2. Course Description:
3. Independent Study Learning Outcomes: *(See guidelines at <http://www.fitnyc.edu/cet/resources/syllabus-outcomes.php>)*

Upon completion of this independent study course, student will be able to:

- 
- 
- 

4. Reading or texts
5. Grading Method/Evaluation: *(with percentages; must total 100%).*

6. Units/Weeks of Study and hours:
7. Unit Descriptions: *(Please attach in detail what topics will be covered in each unit or week. Specific assignments are not necessary unless they aid in understanding the unit).*
8. Bibliography (See citation styles here: <https://www.fitnyc.edu/writing-studio/guides/citing.php>)
9. Other notes regarding Independent Study course: *(optional; please attach another sheet if necessary)*

**Part III: Course Information**

*(to be completed by instructor responsible for the section)*

*Please provide the course details below (The Registrar's Office will build the section for this student, per your approval):*

Subject: \_\_\_\_\_

Course *(circle one)*: 592    692

Independent Study Title *(ex: Indep Std: Hats of the 1920s)*: \_\_\_\_\_

# Credits *(Range: 1.0 – 3.0)*: \_\_\_\_\_

Course Description:  
*(use additional sheet if needed)*

Instructor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Instructor ID#: \_\_\_\_\_

**Part IV: Registration Details**

*(to be completed by student)*

I, \_\_\_\_\_, hereby elect to enroll in the following Independent Study Course and have obtained the proper permissions from the course instructor, Department Chair, and School Dean. I understand that once registered, standard tuition and fees will be applied.

I understand if I register and do not attend, or fail to complete the coursework, I will be responsible for payment of tuition of fees.

I understand Independent Study cannot be used to replace any course in my major and is generally counted towards elective credit.

I agree to withdraw from Independent Study by deadline posted in the academic calendar if my instructor has determined I have not made sufficient progress towards completing my project in that amount of time. I understand that a grade of "Incomplete" is not approved for Independent Study.

Student's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Part V: Required Signatures**

*Please obtain the following required permissions:*

Department Chair: \_\_\_\_\_ Date: \_\_\_\_\_

School Dean: \_\_\_\_\_ Date: \_\_\_\_\_

**\*\* The Dean's Office should then return this form to the Registrar's Office, Feldman-158, wherein your registration shall be processed \*\***

---

**Registrar's Office Use Only:**

Date of section creation: \_\_\_\_\_

Section Number: \_\_\_\_\_

CRN: \_\_\_\_\_

Registration Processed By: \_\_\_\_\_

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

*Registrar's Office:  
Return copies to Dean, Chair, and Instructor upon course section creation and registration  
Scan copy for file*