

# **MICHIGAN STATE UNIVERSITY**

## **GUIDELINES AND APPLICATION FOR INDEPENDENT STUDY**

### **DEFINITION**

At Michigan State University, Independent Study is planned study, highly individualized, not addressable through any other course format, proposed in writing by the student on a standard form, accepted for supervision by a faculty member, and approved by the student's academic advisor and the teaching unit at the beginning of the semester.

### **GUIDELINES**

Independent Study should:

1. Consist of work not described in the University catalog in any other format;
2. Be taken under a course number commensurate with the student's class level, major field, and experience;
3. Relate to a subject for which the student has adequate preparation;
4. Be directed by a faculty member with whom there is a periodic contact and consultation throughout the study;
5. Not exceed eight semester hours of credit in a single semester;
6. Not exceed 10% of the credits earned in a bachelor's program;
7. Be applied for on the form provided by the university, or any equivalent departmental or college form;
8. Be approved on this form before the student enrolls for the course.

### **APPLICATION AND ENROLLMENT**

Please complete the form and obtain indicated approvals and necessary overrides before enrollment for the course:

# Michigan State University

## Application for Independent Study

PLEASE READ THE GUIDELINES BEFORE COMPLETING THIS FORM.  
ALL ITEMS MUST BE COMPLETED BEFORE APPROVAL SIGNATURES ARE OBTAINED.

NAME: \_\_\_\_\_ DATE: \_\_\_\_\_  
Last First Middle Initial

PID: \_\_\_\_\_ LEVEL: \_\_\_\_\_ CLASS: \_\_\_\_\_ MAJOR: \_\_\_\_\_ CUMULATIVE GPA: \_\_\_\_\_

COURSE: \_\_\_\_\_ SECTION: \_\_\_\_\_ CREDITS: \_\_\_\_\_ SEMESTER: \_\_\_\_\_

Number of Independent Study credits to be earned this semester: \_\_\_\_\_ Total of prior Independent Study credits: \_\_\_\_\_

### 1. DESCRIPTION (Subject matter, purpose, methods)

### 2. RATIONALE (Why independent study rather than regular course?)

### 3. PREPARATION (Relevant course work, reading, work experience, etc.)

### 4. WORK TO BE COMPLETED

(a) Type and amount of reading, writing, lab work, etc.

(b) Estimated contact hours per week with instructor: \_\_\_\_\_

(c) Deadline for submitting work for final evaluation: \_\_\_\_\_

(d) Evaluation procedure: \_\_\_\_\_

STUDENT'S SIGNATURE: \_\_\_\_\_

PHONE: \_\_\_\_\_

### APPROVALS

\_\_\_\_\_  
Instructor Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Academic Advisor

\_\_\_\_\_  
Date

\_\_\_\_\_  
Chairperson, Department Offering Course

\_\_\_\_\_  
Date