



INDEPENDENT STUDY REQUEST

Name (please print): _____ Student ID# _____
Last First Middle initial

Title of independent study course _____
(Title to appear on transcript)

Course prefix and number of independent study course _____

Will course substitute for another (circle one)? Yes No If yes, which course to substitute? _____

Will course satisfy requirements for (circle where applicable): General Education/ Yes No Major/ Yes No Minor/ Yes No

Independent study course credits _____ Semester in which independent study course will be taken _____

Brief description of independent study course _____

Reason for requesting independent study course _____

I acknowledge that I have worked with the student to craft the attached syllabus and am willing to offer this Independent Study to this student during the specified term. _____

Instructor Printed Name
Instructor signature
Date

**** Syllabus must accompany this form when submitted to the Office of the Registrar for final approval**

I acknowledge that I have read the guidelines and procedures and hereby petition to take the independent study course as indicated above. _____

Student signature
Date
Anticipated graduation date (MM/YY)

Guidelines and Procedures

1. Independent Study Courses must be taught by FT Faculty; faculty are limited to 2 independent study courses per semester.
2. Faculty must attach a syllabus to this proposal.
3. Independent study courses are restricted to students of JUNIOR or SENIOR standing.
4. Students must complete at least two full semesters at Flagler College before an independent study course will be approved.
5. A student should have a 3.0 GPA for previous semester and should have a 3.0 GPA overall.
6. A student may take only one independent study course per semester.
7. Students will be charged an additional fee of \$50.00 to register for an independent study course.
8. An independent study course will not be approved for any course that is offered during the academic year or the summer term.
9. This form must be signed, dated and approved as shown below. It is the responsibility of the student to deliver the completed request form to the Office of the Registrar before the date of registration.

FOR OFFICE USE ONLY

To Be Completed by Office of the Registrar Staff

# Semesters at Flagler	Total Credits Earned	Previous GPA	Cum GPA	Date OR Confirmed	OR Initial
	Approval Request Date	Approve	Deny	Approval Date	
Advisor					
Department Chair					
Dean					
Student Notified	Create Course	Added to Schedule		ARC	Total Credits Enrolled