ARCADIA UNIVERSITY

Application for Undergraduate Independent Study

Term: (fill in the year): Fall ______  Spring ______  Summer ______

Student:

Last Name  First Name  MI

Major: ____________________  Advisor: ____________________

Department Sponsoring the Independent Study: ____________________

Course Subject &
Number/Title: _____________________________________________

Please attach a 1-2 page proposal which addresses the following points:

- Detailed Description of Independent Study
- Student work to be produced during Independent Study
- Schedule of meetings with Faculty
- Grading metrics
- Does this Independent Study fulfill major/minor requirements?
- Please explain the reason that this Independent Study is necessary for your coursework/career plans/interests.
- Does any other course in the major cover the material contained in this Independent Study?

Departmental Approval: Yes / No

Number of Credits: ______

Student must obtain signatures of:
1. Dept. Chairperson

Print Name  Signature  Date

2. Faculty Supervisor/Instructor

Print Name  Signature  Date

Student then takes form to the Dean of the College for signature.

Print Name  Signature  Date

The form will be taken to the Registrar’s Office for processing.