

GRADUATE INDEPENDENT STUDY APPLICATION FORM

1. **PERSONAL INFORMATION** (please print or type)

Name _____ Student ID _____

Mailing Address _____ Phone # _____

City _____ State _____ Zip _____

I have previously been admitted to graduate study at UW-Stout as a:

_____ Special Student _____ Degree Program Student in _____

OR

I have not previously been admitted to graduate study at UW-Stout but desire to be as:

_____ Special Student _____ Degree Program Student in _____

2. **APPLICATION INFORMATION**

A. Independent Study Course _____ - _____ Credit hours requested _____

B. Term requested for enrollment _____

Anticipated end date of course: Month _____ Year _____

C. How many other credits will you be enrolled in at UW-Stout during this term?

On-campus credits _____ Extension credits _____

D. _____
 Signature of Student _____ Date _____

3. **APPROVAL**

I accept the responsibility for aiding the student to achieve stated learning objectives and evaluating their efforts and results.		
Independent Study Coordinator:		
Printed name:	Signature:	Date

I authorize the use of these Independent Study credits in fulfilling requirements of the graduate degree program according to the student's plan.	
Signature of Program Director	Date

The objectives, methodology, credits, and evaluation are appropriate for graduate credit in this department.	
Signature of Department Chair	Date

4. **PROPOSED STUDY:**

A. Provide a transcript title and description that represents the study you will do.

Transcript Title (5-12 words): _____

Course Description: _____

B. Provide a list of the learning objectives you plan to accomplish in this Independent Study. Be specific in stating the skills, knowledge, understandings, and abilities you hope to develop or improve in this course.

C. Describe the methods you plan to use to complete the study and achieve the stated learning objectives (observations, interviews, research, reading, writing, etc.).

D. Indicate what you plan to present to your study coordinator so that he/she might best evaluate the learning achieved from this study (written report, presentation, work of art, etc.).

Please return completed application to Room 214 HE for processing. Call 232-2687 with questions.

COMPLETED FORMS MUST BE RECEIVED IN THE DEAN'S OFFICE NO LATER THAN THE END OF THE LAST WEEK OF THE FIRST QUARTER OF EACH SEMESTER OR THE FIFTH WEEK OF SUMMER SESSION.

APPROVAL:

Associate Dean, CEHHS

Date

Approval of the Graduate School

Signature of Director, Graduate Studies

Date

Graduate School: Please forward Independent Study Application to the Outreach Services office.