

# APPLICATION FOR INDEPENDENT STUDY

## Office of the University Registrar Framingham State University

Independent Study, which is faculty-supervised research or readings into areas of study outside the current curriculum, offers students the opportunity to investigate a research topic or readings independently, under the close supervision of a FSU faculty member. Independent Study will only be approved for research into areas of study that do not duplicate the University's current curriculum of courses. The student will be responsible for meeting the departmental requirements of the Independent Study as outlined in the catalog description and approved by the FSU faculty supervisor and the course department chair. The FSU faculty sponsor will assume responsibility for coordinating the Independent Study, evaluating its results, and determining an appropriate grade. Independent Study topics will be so designated on the student's transcript.

***This application is for matriculated degree-seeking undergraduate (Bachelor's) students attending the University. This completed form, including all of the required signatures and descriptions, must be submitted in its entirety prior to the end of the Course Add/Drop period of the semester to the Office of the University Registrar (McCarthy Campus Center, CC515).***

*If this directed study is intended to be taken as a 5<sup>th</sup> course during the fall or spring semesters, please submit the 5<sup>th</sup> course request with this completed form.*

### Please Print Information

Name: \_\_\_\_\_ FSU Student ID#: \_\_\_\_\_  
Last First M.I.

FSU Student Email: \_\_\_\_\_@student.framingham.edu Cell Phone #: \_\_\_\_\_

Major 1: \_\_\_\_\_

Major 2: \_\_\_\_\_ Anticipated Semester/Year of Graduation: \_\_\_\_\_

Minor 1: \_\_\_\_\_ Check Appropriate Box:  Day School Undergraduate

Minor 2: \_\_\_\_\_  DGCE Undergraduate

### INDEPENDENT STUDY INFORMATION:

\*Course Subject Prefix & Number: \_\_\_\_\_ Semester to be taken: \_\_\_\_\_

Title of Project: \_\_\_\_\_ *(Required – Will appear on academic transcript)*

### DESCRIPTION OF PROJECT:

To be completed by the student - On a separate sheet attached to this form, provide a general description of the project, including the specific area of focus to be studied. Both the FSU Faculty Supervisor and the Department Chair must initial or otherwise acknowledge the attached page.

### DESCRIPTION OF HOW PROGRESS OF THE PROJECT WILL BE ASSESSED AND FINAL GRADE DETERMINED:

To be completed by the FSU Faculty Supervisor – On a separate sheet attached to this form, provide a complete description of how the student's work will be monitored and assessed for the purposes of determining the final grade.

\_\_\_\_\_  
Signature of Student Date

\_\_\_\_\_  
Signature of Student's Major Advisor Date

\_\_\_\_\_  
Signature of FSU Faculty Supervisor Date  
*(as approved by Department Chair in which Independent Study is taking place)*

\_\_\_\_\_  
Please Print FSU Faculty Supervisor's Name

\_\_\_\_\_  
\*Signature of Department Chair Date  
*(of Department in which Independent Study is taking place)*

\_\_\_\_\_  
Please Print Chair's Name

*\*If this Independent Study is intended as a substitution for a Major/Minor requirement, please indicate the requirement here: \_\_\_\_\_*

***Office of the University Registrar use only:***