

Memorandum to the Registrar

Register for Independent Study (RIS)

Deadline: This form with attachment **should** be submitted during the registration period. It **must** be submitted by the course add/drop deadline at the beginning of each term.

Attach Course Syllabus: The attached course syllabus must be created by the instructor who will be supervising the independent study (NOT the student) and must include a course description, listing of course topics (with dates), course objectives, and an assessment plan. This form with the attached syllabus must be submitted by a faculty member: either the instructor, the student’s advisor (if course load >21 credits), or the Department Head (if instructor is an adjunct).

| Student Information (Part 1): | | | |
|-------------------------------|---|--------------|---|
| Student LAST Name: | | | Student ID Number ▼ |
| | [PRINT CLEARLY] | | |
| Student FIRST Name: | | | |
| | [PRINT CLEARLY] | | |
| Student Major: | <input type="checkbox"/> BSE <input type="checkbox"/> CE <input type="checkbox"/> ChE <input type="checkbox"/> EE <input type="checkbox"/> ME | Grade Level: | <input type="checkbox"/> 1st <input type="checkbox"/> 2nd <input type="checkbox"/> 3rd <input type="checkbox"/> 4th <input type="checkbox"/> Grad |
| Residential Address: | | | |
| Contact Information: | Email: | Phone: | |

| Independent Study Course Information (Part 2): | | | |
|---|---|--------------------|------|
| Course Code: | | Number of Credits: | |
| Course Title: | | | |
| Semester this course will be taken: | <input type="checkbox"/> Fall <input type="checkbox"/> Spring <input type="checkbox"/> Summer | Year: | |
| Total Semester Credits: (including this course) Note: If over 21 credits, you will need an approval from your advisor. | | | GPA: |

--- STOP HERE: Please save file as is and email document to Betsy Quitugua in the Dean’s Office. Betsy will take care of signatures. ---

| Required Signatures (Part 3): | |
|---|---|
| Student Signature: | (Sign) _____ Date: _____ |
| Instructor Signature: | <input type="checkbox"/> Check here if Instructor is an Adjunct Professor** |
| | (Print) _____ Date: _____ (Sign) _____ |
| Advisor Signature: | (Print) _____ Date: _____ (Sign) _____ |
| | Department associated with course: <input type="checkbox"/> CE <input type="checkbox"/> Ch <input type="checkbox"/> ChE <input type="checkbox"/> EE <input type="checkbox"/> MA <input type="checkbox"/> ME <input type="checkbox"/> PH |
| Department Chair Signature: ** (Sign here <u>ONLY</u> if instructor is an Adjunct Professor) | (Print) _____ Date: _____ (Sign) _____ |
| Dean Signature: | (Sign) _____ Date: _____ |