



**APPLICATION FOR INDEPENDENT STUDY IN ACADEMIC WORK**

Student: \_\_\_\_\_ / \_\_\_\_\_ Date: \_\_\_\_\_  
Name Student ID#

Address: \_\_\_\_\_  
Street/Apt.# City State Zip

Contact: \_\_\_\_\_  
Home Phone Business or Cell Phone E-mail address

Curriculum: \_\_\_\_\_  
Degree or Certificate

Independent study will only be considered if: 1) the class is required for graduation during the given academic year; 2) the class was cancelled or not offered; or 3) special circumstances prevent[ed] the student from registering for the regularly scheduled section of the course. Independent study courses must be completed within the semester for which the student has registered.

**299 Special Study:** A course not offered in the current Chesapeake College Catalog. The student must be a sophomore with at least a 3.0 quality point average or possess at least an Associate degree. (Attach a course description.)

**Independent Study:** A course listed in the current Chesapeake College Catalog, but unavailable to the student due to special circumstances. The student must possess at least a 2.5 quality point average and acquire the permission of the instructor. (Note: QPA requirement may be appealed through the office of the Vice President for Academic Services.)

Reason:  Required for Graduation  Cancelled/Not Offered  Special Circumstances (Attach explanation)

Course Number	Course Title	Semester	Credits
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**I understand that upon approval, I will be automatically registered for this course and accept financial responsibility for tuition and all applicable fees. It is my responsibility to contact the registration office prior to the start of the semester if I no longer intend to take this course.**

\_\_\_\_\_  
 Applicant's Signature / Date

**Verification of Eligibility:**

\_\_\_\_\_  
Credits Completed Q.P.A. Office of Registration and Records Date

**Course Information:**

Major Required Course  Required Course  Elective

\_\_\_\_\_  
 Department in which the Independent Study is requested

\_\_\_\_\_  
 Faculty Member Directing the Study

**Approvals:**

\_\_\_\_\_  
 Student Signature / Date

\_\_\_\_\_  
 Faculty Signature / Date

\_\_\_\_\_  
 Academic Dean / Date

\_\_\_\_\_  
 Vice President for Academic Services / Date

*Additional information required for approval. See reverse side of the form.*

**INDEPENDENT STUDY COURSE INFORMATION:**

(if necessary, please use a separate sheet to answer these questions fully.)

**Other courses that will be taken simultaneously with the independent study:**

Course Title	Course #	Section #	Instructor

**Primary goal(s) of this independent study:**

**How does the independent study build on the student's previous coursework?**

**Will there be a reading list?**       Yes       No

**If so, what will it include?**

**Determination of the final grade will be based on: (Please give percentages for all applicable factors.)**

- 1) \_\_\_\_\_ % Student/faculty interaction
- 2) \_\_\_\_\_ % Annotated bibliography
- 3) \_\_\_\_\_ % Literature review
- 4) \_\_\_\_\_ % Early draft of paper
- 5) \_\_\_\_\_ % Final draft of paper
- 6) \_\_\_\_\_ % Other types of assessment (Please specify): \_\_\_\_\_

**How often will you plan to meet?**

**What will be covered at each session?**

**What are the deadlines for components of project and for the final completion?**