

# Independent Study Proposal Form

Office of Student Records

fax - 419-251-0629 or email - [registrar@mercycollege.edu](mailto:registrar@mercycollege.edu).



## STUDENT INFORMATION

Name: \_\_\_\_\_  
First Middle Initial Last

Student ID #: \_\_\_\_\_ Phone #: \_\_\_\_\_ College Email: \_\_\_\_\_

Program of Study: \_\_\_\_\_

## INDEPENDENT STUDY GUIDELINES

One to three credit hours will be permitted per independent study. The content of an independent study course should not duplicate any course currently available to students except in extenuating circumstances.

The participating student must be in good academic standing with a GPA of 2.7 or better.

## INDEPENDENT STUDY PROCESS

1. A student who wants to complete an independent study must discuss the course proposal with the Program Director with oversight of the proposed course.
  - a. This proposal should include rationale for the topic/project, and
  - b. suggested methods for evaluation of the project.
2. If approved, the Program Director, in consultation with the Division Dean, will refer the student to a designated faculty member, who will supervise the independent course of study.
3. The designated faculty member and student will identify the course learning objectives, resources, strategies, target dates, how the student will be evaluated, a plan for substantive contact hours, and other course requirements. These will be included in a course syllabus and approved by the division dean.
  - a. The substantive contact hour plan, reflective of the credit hours for the course, must be included and approved by the Division Dean.
4. The Program Director, Division Dean, and designated faculty member must sign the completed Independent Study Proposal Form.
5. The student submits the Independent Study Proposal Form to the Office of Student Records.

## INDEPENDENT STUDY COURSE INFORMATION

Course Number: \_\_\_\_\_ # of Credit Hours: \_\_\_\_\_ Semester: \_\_\_\_\_ Session: \_\_\_\_\_

Course Name: \_\_\_\_\_

## INDEPENDENT STUDY SIGNATURES

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

Faculty Member Signature \_\_\_\_\_ Date \_\_\_\_\_

Program Director Signature \_\_\_\_\_ Date \_\_\_\_\_

Dean Signature \_\_\_\_\_ Date \_\_\_\_\_

Office: Student Records

Last Updated: 08/14/2019

Processed by: \_\_\_\_\_ Date: \_\_\_\_\_