Please print all information

Name
Street or Dorm Box #
City State Zip
Advisor(s):____________________

ID @____________________
Semester: ______ Year: ______
Expected Graduation Mo./Yr.: ______
Fisher E-mail: ____________ @sjfc.edu

**Independent Study**

Subject & Course Number: ______________________ Credits*: ________
Instructor’s Name (please print): ______________________

Attach a typed, detailed statement of the area of study including structure, learning objectives, and evaluation methodology. Explain how this independent study fits into your educational plan.

**Tutorial (a specific course, taken independently)**

Subject & Course Number: ______________________ Credits*: ________
Instructor’s Name (please print): ______________________

Attach a typed statement explaining why you cannot take this as a regularly offered course and give the method of evaluation to be used to assess your performance.

**Required signatures:**

Student: ______________________ Date: ________________
Instructor: ____________________ Date: ________________
Dept. Chair/Program Dir.: _________________ Date: ________________
School Dean: _____________________ Date: ________________
Registrar: _________________________ Date: ________________ CRN: __________

* Each credit earned in an Independent Study course requires at least 45 hours of work on the part of the student.

**Independent Study/Tutorial to be ADDED:**

<table>
<thead>
<tr>
<th>CRN</th>
<th>Subject</th>
<th>Number</th>
<th>Section</th>
<th>Credits</th>
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Original total number of credits: ______________________ Number of credits after changes: ______________________

Processed by: ______________________ Date: ________________

**COMMENTS:**

Distribution: Original: Student folder; Copy emailed to: Instructor, Advisor, Student

Rev. 09/2010