

INDEPENDENT STUDY FORM

The Independent Study provides opportunities for students to explore academic topics that are not covered in the established curriculum. An Independent Study is a for-credit course carried out under the supervision and mentorship of a faculty member.

Independent Study projects take place outside of the students' scheduled class hours and outside of the supervising faculty's scheduled teaching load.

THIS SECTION TO BE FILLED OUT BY UNDERGRADUATE OR GRADUATE ADVISOR

Name: _____ ID No: _____

GPA: _____ Student's Year: _____

Course No: _____ Semester/Year: _____

Credit Hours Requested: _____

No. of Independent Study Credits Taken to Date: _____

Which type of elective does the Independent Study satisfy? _____

Advisor Name and Signature: _____

THIS SECTION TO BE FILLED OUT BY STUDENT

Name: _____ Email or Phone: _____

Enrolled School: _____ Home Dept. and Program: _____

Faculty Supervisor Name: _____ Faculty Dept: _____

Project Title: _____ Semester/Year: _____

Description of Project

On a separate attachment, please provide a narrative description of the project. Please Include:

- A. General description of the project**
- B. Purpose and methodology**
- C. Relationship to established curriculum and justification for Independent Study**
- D. Timeline of your projected work + Types of works to be produced** (Paper, exhibition, portfolio etc.)
- E. Bibliography** (If applicable, work with your faculty mentor to generate a bibliography of works you are expected to read during the course of this Independent Study)

INDEPENDENT STUDY FORM

THIS SECTION TO BE FILLED OUT BY SUPERVISING FACULTY

Name: _____

Pratt Email: _____

Types & Number of Meetings with Student (lecture, critique, etc.): _____

Credit Hours Fulfilled by Independent Study: _____

Three total hours of work per credit per week are expected on the part of the student. (For a 3-credit Independent Study, a total of 9 hours of work per week is required for the student.)

Description of Outcomes and Assessment

On a separate attachment, please provide the following:

- A. Expected Outcomes** (Please provide at least three (3) anticipated learning outcomes for the student in this Independent Study)
- B. Assessment** (Please describe how you plan to assess the proposed project—critiques, exams etc. and provide any assessment instruments you plan to use including rubrics)

REQUIRED SIGNATURES (in this order):

_____	_____
STUDENT	DATE
_____	_____
FACULTY	DATE
_____	_____
CHAIRPERSON OF STUDENT'S DEPARTMENT	DATE
_____	_____
CHAIRPERSON OF DEPARTMENT PROVIDING THE INDEPENDENT STUDY (If different from above)	DATE
_____	_____
DEAN OF STUDENT'S SCHOOL	DATE
_____	_____
PROVOST'S OFFICE	DATE
_____	_____
REGISTRAR	DATE