

INDEPENDENT STUDY PERMISSION FORM
Trinity College of Arts & Sciences

To the student: Many departments and programs have their own request form for an independent study. However, if not, you can use this form for the basis of your agreement with your instructor.

Student Name: _____ Date _____

Email: _____ Student ID (not unique ID) _____

Graduation Date: _____

Major(s)/Minor(s)/Certificate(s) _____

Undeclared _____

Course Subject / Number: _____ (Independent Study) or
_____ (Research Independent Study)

Term / Year _____

Title of Independent Study _____

Short Title _____
(to be listed on transcript; limit 30 characters, including spaces)

Supervising Faculty Member _____

Academic Title _____

Affiliation (dept or program) _____

Instructor (if different from Supervising Faculty Member) _____

Instructor Title and affiliation: _____

On the following page (or attached sheet), please provide the following information:

1. Title and Description of Proposed Study:

Provide a one to two paragraph description of the proposed study, including topic, course goals, research / readings to be conducted. (The instructor and/or department or program may require a more detailed proposal, including a list of sources and bibliography, a rationale for independent study as opposed to regular course work, etc.)

2. Nature of the Final Product:

Describe the nature and length of the final product (e.g academic paper, artistic product, research report, etc.)

3. Scheduled Meetings and Work Expectations:

Provide information on frequency and length of meetings with instructor, and expected work commitments and/or timetables:

4. Grade to be based on:

Provide information on how your work in the course is to be evaluated.

Description of Independent Study; Final Product; Scheduled Meetings and Work Expectations; Grade Basis:

_____ Date _____
Signature of Student

Approval Signatures:

_____ Date _____
Supervising Faculty Member (print name) Signature

_____ Date _____
Instructor (print name) Signature
(if different from Supervising Faculty member)

_____ Date _____
Director of Undergraduate Studies (print name) Signature
or Certificate Program Director

ASSIGNED COURSE AND SECTION NUMBER: _____

ASSIGNED PERMISSION NUMBER: _____