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: __________________________

revised Oct 3, 2016