

**SAINT JOSEPH'S COLLEGE
REQUEST FOR INDEPENDENT/DIRECTED STUDY**

STUDENT NAME _____ DATE _____

STUDENT ID # _____ EXPECTED GRADUATION DATE _____

TERM of Course Completion: ACADEMIC YEAR _____

- Fall semester
- Spring semester
- Summer I 5 week session
- Summer I 8 week session
- Summer II 4 week session

***Note: You must be of at least sophomore standing to participate in an independent study.**

<p><input type="checkbox"/> INDEPENDENT STUDY</p> <ol style="list-style-type: none"> 1. FACULTY MEMBER OVERSEEING TO COMPLETE THIS PORTION: 2. _____ Department in which the Independent Study credit is to be earned. _____ Number of Credits (1-3) 3. Sign below to approve this project. 4. Attach a detailed description to permit evaluation of the academic quality of the project by the VPAA. Include enough information to justify the number of credits being requested. 	<p><input type="checkbox"/> DIRECTED STUDY</p> <ol style="list-style-type: none"> 1. FACULTY MEMBER OVERSEEING TO COMPLETE THIS PORTION: 2. _____ Course Dept _____ Course catalog number _____ Course Title 3. Sign below to indicate agreement to teach this course via private instruction. 4. Attach an explanation as to why the student cannot wait for the next scheduled offering of this course. Also include a detailed description of how course requirements will be met.
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5. After the faculty member has signed below, take this form to the Registrar's Office for approval.
6. The Registrar's Office will forward the form to the VPAA for the final approval and signature. Once approved the Registrar's Office will register the student for the course.

* It is the student's responsibility to move this form from the faculty member to Registrar's Office.

REQUIRED SIGNATURES:

Faculty Member	Registrar	Vice President of Academic Affairs
Date	Date	Date

FOR OFFICE USE ONLY	
_____ Computer	_____ Registered