

POLICIES

An Independent Study is an opportunity for qualified students to develop, in consultation with their advisor and a qualified instructor, a meaningful study experience that does not duplicate a course offered by the University of New England.

It is the responsibility of the student to obtain all applicable signatures and turn the form in to their Academic Dean's office for review and approval. If approved, the Academic Dean will forward the paperwork to the Registrar's Office for processing.

STUDENT INFORMATION

Last Name: _____ First Name: _____ PRN: _____

Email Address: _____ Earned Hours: _____ Campus: Biddeford _____ Portland _____

SECTION I: QUALIFICATIONS

To qualify for an Independent Study, the student must meet all of the following conditions:

- ☐ The student has achieved Junior standing (at least 57 earned credit hours).
- ☐ The student has a cumulative GPA of 2.50 or better.
- ☐ The student has consulted with his/her advisor and proposed instructor.
- ☐ The student/instructor has attached a detailed, approved proposal for the Independent Study. (*Attach: Course syllabus that includes learning outcomes, methods of evaluation, meeting days and times, and a plan of study*)
- ☐ The form with the attached, approved proposal must be received by the Registrar's Office no later than 2 weeks prior to the term in which the Independent Study is to be done. *Note that college/program deadlines for completion of this paperwork may be earlier.*

SECTION II: COURSE INFORMATION

Course Subject (ex. BIO): _____ Course Number (ex. 397): _____
(Academic/Program Directors will assign 397/497, depending on the level of the course)

Course Title: _____ Grading: Pass/Fail _____ Letter Grade _____ Credits: _____

Semester (Fall, Spring, Summer): _____ Year: _____

Faculty/Instructor Information - Last Name: _____ First Name: _____ PRN: _____

SECTION III: APPROVAL (Font signature NOT accepted)

Student's Signature: _____ Today's Date: _____

Advisor's Signature: _____ Today's Date: _____
(Approves attached proposal and verifies that the above conditions have been met)

Faculty/Instructor's Signature: _____ Today's Date: _____
(Approves attached proposal and indicates willingness to supervise the Independent Study)

Academic/Program Director's Signature: _____ Today's Date: _____
(Approves instructor and proposal; authorizes the Registrar's Office to create the Independent Study)

Academic Dean's Signature: _____ Today's Date: _____