Office of the Registrar
Request for Approval of Independent Study

Please note: students must have completed this form and have approval prior to registration.

Request for Approval of Independent Study

The purpose of an independent study is to provide students with unique study opportunities with an individual faculty member. This option involves a student initiated written proposal to a willing and appropriate full-time faculty member. Normally this is for 3 credits and completed during one semester. The faculty member (adjunct faculty are not eligible to supervise independent study) and student, prior to registration for the independent study, must concur on a written proposal, which must include a reading list and description of requirements for grading of the final project. The guidelines with respect to directed study assignments are as follows:

- Students must have a 2.5 average at the time of application.
- A description of the independent study project must be approved by the following:
  — individual faculty member
  — the department chair
  — the Academic Dean's Office

To the Dean (please check one)

☐ College of Arts & Sciences  ☐ Sawyer Business School

Date ________________________________  Suffolk Student ID# ________________________________

Day telephone ________________________________  E-mail ________________________________

I, ________________________________, request permission to register for an Independent Study

in ________________________________ for  ☐ Spring  ☐ Fall  ☐ Summer I  ☐ Summer II

Department ________________________________  Year ________________________________

Course Number, Title and Description: _________________________________________________________________

Number of Credit Hours _________________ (not to exceed to 6 semester hours)

Check one:  ☐ Graduate Student  ☐ Undergraduate

Instructor's Approval:
I approve the registration of the above student in the course described and agree to sponsor and direct this work

Instructor's Name (printed) ____________________________________________

Instructor's Signature ___________________________ Date ________________

Chairperson's Approval:
Signature ___________________________ Date ________________

Dean's Approval:
Signature ___________________________ Date ________________

Rev. 8/08 CP2110