

Office of Records and Registration

Miles Connor Administration Building Room 138

Miles Connor Administration Building, Room 138 2500 West North Ave., Baltimore, MD 21216 Phone (410) 951-3700 | Fax (410) 951-3701

February 2021

REQUEST FOR INDEPENDENT STUDY Independent Study cannot be used to resolve schedule conflicts. Students are not allowed to register for classes that meet at the same time.

Student Name: ID: Classification: Term: Phone: Date: Course Title: Disc Code (ex. ENGL) ______ Course Number (ex. 101) _____ Section Number (ex. 001 or F7W) _____ #Credits ____ Reason(s) for this Request: My eligibility to enroll in a course for independent study must be verified and reviewed by the appropriate department prior to submission to the Registrar Office for final approval of enrollment. As a CSU student, I have accumulated 64+ credits and have applied through the respective Academic Department and Division Dean to take a course on an independent study basis. I have maintained satisfactory academic standing with a minimum cumulative GPA of 3.0. My academic load must be restricted to 19 semester hours or less during the semester in which I have requested an independent study option. I cannot be approved for more than one (1) course per semester of independent study. Further, I understand that no more than 12 semester hours of independent study are allowed towards degree completion. *Provost must validate the request if cumulative GPA is less than 3.0. Student Signature Date TO BE COMPLETED BY ACADEMIC AREA Reason for approving request: Low Enrollment \square Course not offered \square Health \square Other \square *Instructor: Attach the plan of work to be completed to the attention of the Department Chairperson and Division Dean.* **Signature of Instructor** Disapproved Approved Date **Signature of Chairperson** Approved Disapproved Date Signature of Dean Disapproved Date Approved *Signature of Provost **Approved** Disapproved Date **Verification of Eligibility** Completed 64 or more credits Yes No Verified GPA: _____ Approved ☐ Disapproved ☐ **Verifier (Records Office Staff)** Date OFFICE USE ONLY Received by Date Processed by____ Revised