LIBERTY UNIVERSITY™ Registrar

Independent Study / Directed Research Form

Name:_____ Student ID#:_____
Last First Middle Initial

Major: _____ LU Box / Address: _____

_____

Phone #: _____ _____

Qualifications:

1. Graduating seniors, graduate students, or students who have changed programs and are having problems making schedule adjustments may qualify for independent study.
2. The student may register for a directed research course as an enhancement to a course of study.

Procedure:

1. Contact the Department Chair for assigning of instructor.
2. Ask the instructor to complete this form and sign.
3. Obtain signatures from the Department Chair, College/School Dean, and Business Office in that order.
4. Return completed form to the Registrar's Office for the Registrar's signature.
5. Once turned in you may **not** drop the course. You may withdraw with no refund.

Deadline: Must be completed and approved in the semester prior to the semester in which the student is registering for the Independent Study. Any exceptions must be approved by the Dean. Form must be submitted no later than the last day of drop/add.

Semester Course Is To Be Taken: Fall ☐ Spring ☐ Summer ☐ 20____

Are you graduating this semester? Yes ☐ No ☐

Course # _____ Course Title:_____ Credit Hours:_____

Reason for taking this course _____

Proposed Plan of Study MUST Include:

a. Objectives
b. Required texts
c. All assignments with due dates
d. Special projects with due dates
e. Minimum number of class meetings with instructor

In addition:

***For Independent Study*:**
Attach the syllabus for the course with the appropriate modifications.

***For Directed Research*:**
Attach a research proposal.

_____
Instructor (Please Print Name)

1)_____ _____
Instructor (Signature) Date

2)_____ _____
Department Chair Date

3)_____ _____
Dean of College/School Date

4)_____ _____
Business Office Date

5)_____ _____
Registrar's Office Date

Deadline for grade to be submitted to the Registrar's Office: _____