Independent Study / Directed Research Form

Name: ____________________________  Student ID#: ____________________________

  Last  First  Middle Initial

Major: ____________________________  LU Box / Address: ____________________________

Phone #: ____________________________

Qualifications
- Graduating seniors, graduate students, or students who have changed programs and are having problems making schedule adjustments may qualify for independent study.
- 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 Vice Provost.
4. Return completed form to the Registrar’s Office for the Registrar’s signature.
5. Standard add/drop policies apply.

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.

1. ____________________________  In addition:
   Instructor (Please print name)   1. ____________________________  1. ____________________________  ___
   Instructor (Signature)         Date  Instructor (Signature)        Date  Instructor (Signature)        Date

2. ____________________________  2. ____________________________  2. ____________________________  ___
   Department Chair               Date  Department Chair               Date  Department Chair               Date

3. ____________________________  3. ____________________________  3. ____________________________  ___
   Dean / Administrative Dean     Date  Dean / Administrative Dean     Date  Dean / Administrative Dean     Date

4. ____________________________  4. ____________________________  4. ____________________________  ___
   Vice Provost                   Date  Vice Provost                   Date  Vice Provost                   Date

5. ____________________________  5. ____________________________  5. ____________________________  ___
   Registrar’s Office             Date  Registrar’s Office             Date  Registrar’s Office             Date

Instructor is qualified to teach course: ☐  (Dean or Chair must check for approval.)

Updated 4/30/2019