

APPLICATION FOR INDEPENDENT STUDY

Office of the University Registrar Framingham State University

Independent Study, which is faculty-supervised research or readings into areas of study outside the current curriculum, offers students the opportunity to investigate a research topic or readings independently, under the close supervision of a FSU faculty member. Independent Study will only be approved for research into areas of study that do not duplicate the University's current curriculum of courses. The student will be responsible for meeting the departmental requirements of the Independent Study as outlined in the catalog description and approved by the FSU faculty supervisor and the course department chair. The FSU faculty sponsor will assume responsibility for coordinating the Independent Study, evaluating its results, and determining an appropriate grade. Independent Study topics will be so designated on the student's transcript.

This application is for matriculated degree-seeking graduate (Master's) students attending the University. This completed form, including all of the required signatures and descriptions, must be submitted in its entirety prior to the end of the Course Add/Drop period of the semester to the Office of the University Registrar (McCarthy Campus Center, CC515).

Please Print Information

Name: _____ FSU Student ID#: _____
Last First M.I.

FSU Student Email: _____@student.framingham.edu Cell Phone #: _____

Degree & Concentration: _____ Anticipated Semester/Year of Graduation: _____

Check Appropriate Box: Day School Graduate

DGCE Graduate

INDEPENDENT STUDY INFORMATION:

Course Subject Prefix & Number: _____ Semester to be taken: _____

Title of Project: _____ *(Required – Will appear on academic transcript)*

DESCRIPTION OF PROJECT:

To be completed by the student - On a separate sheet attached to this form, provide a general description of the project, including the specific area of focus to be studied. Both the FSU Faculty Supervisor and the Department Chair must initial or otherwise acknowledge the attached page.

DESCRIPTION OF HOW PROGRESS OF THE PROJECT WILL BE ASSESSED AND FINAL GRADE DETERMINED:

To be completed by the FSU Faculty Supervisor – On a separate sheet attached to this form, provide a complete description of how the student's work will be monitored and assessed for the purposes of determining the final grade.

Signature of Student Date

Signature of FSU Faculty Supervisor Date
(as approved by Program Coordinate in which Independent Study is taking place)

Please Print FSU Faculty Supervisor's Name

Signature of Student's Program Advisor Date

Please Print Program Advisor's Name

*Signature of Program Coordinator Date

Please Print Program Coordinator's Name

Signature of Dean of Graduate Studies Date

**If this Independent Study is intended as a substitution for a Major/Minor requirement, please indicate the requirement here: _____*

Office of the University Registrar use only: