APPLICATION FOR
DIRECTED/INDEPENDENT STUDY

The Offices of Graduate Studies and Continuing Education
Framingham State University

This application is for matriculated degree-seeking graduate (Master’s) students attending the University. This completed form (including all of the required signatures) must be submitted in its entirety within the Course Add/Drop period of the semester to the Offices of the Graduate Studies and Continuing Education (DH204).

Please Print Information

Name: ___________________________________________ FSU Student ID#: ___________________________

              Last             First            M.I.

Degree: ___________________________________________ Daytime Phone #: ___________________________

Concentration: ___________________________________________ Anticipated Semester/Year of Graduation: ____________

Specialization: ___________________________________ Check Appropriate Box:

(If applicable) [ ] GCE Graduate Student

[ ] Day Division Graduate Student

DIRECTED/INDEPENDENT STUDY COURSE INFORMATION:

*Course Number: ___________________________ Semester to be taken: ___________________________

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

*If this Independent Study is intended as a substitution for a Major course requirement, please indicate course number and title for the course as listed in the University catalog: ___________________________

DESCRIPTION OF PROJECT:

(Include the general topic, the specific area to be studied, where the major portion of the Independent Study will be conducted and who will supervise the Independent Study- may attach word document)

_________________________________________________________________________________________

_________________________________________________________________________________________

_________________________________________________________________________________________

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

(To be completed by the Supervisor of the Independent Study – may attach syllabus)

_________________________________________________________________________________________

_________________________________________________________________________________________

_________________________________________________________________________________________

_________________________________________________________________________________________

Signature of Student ___________________________ Date ___________________________

Signature of Student’s Advisor ___________________________ Date ___________________________

Signature of Supervisor ___________________________ Date ___________________________

            (as approved by DGCE Program Coordinator) Please Print Faculty Supervisor’s Name

Signature of DGCE Program Coordinator ___________________________ Date ___________________________

            Please Print Coordinator’s Name

Signature of Graduate Dean ___________________________ Date ___________________________

Office of the University Registrar use only:

rev.24sep2014.mrp
A Directed or Independent Study allows students the opportunity to study an area in greater depth than the content of existing course offerings. A Directed or Independent Study may also be offered when a course existing in the University Catalog is not offered during the semester the student is enrolled at the University.

To enroll in a Directed or Independent Study, a graduate student:

1. Must be a matriculated graduate student.
2. May enroll in only one Directed or Independent Study in a given semester.
3. May enroll in no more than two Directed or Independent Studies within graduate degree requirements.
4. May be subject to stricter guidelines in the major department. Check appropriate course description for the major in question for additional criteria.
5. May be granted exceptions by department chairs in special circumstances if the student is ineligible based on the previous criteria.