PennState
College of Information
Sciences and Technology

Request for Independent Study
CYBER/DS/HCDD/IST/SRA 296

296 is available for first and second-year students who will undertake creative projects (including design projects or research papers) on topics not already covered in standard courses within the College of IST. The student's individual work must be supervised by a faculty member. The student is responsible for finding a College of IST faculty member willing to serve as the instructor. Please complete the following information with the instructor and then set up an appointment with your adviser to review this application form.

Student must obtain approval signatures, attach required documentation, and email this form to your assigned IST Adviser or to advising@ist.psu.edu by the end of the Add/Drop period.

Student Name: _____ **PSU ID:** _9_ - _____

Major: _____ **Semester Classification:** _____

Faculty Member you will be working with: (print clearly)_____

Your Adviser: (print clearly) _____

Number of credits for which student is enrolling:

Semester for which student is enrolling (circle one):   Fall   Spring   Summer   **Year:**

Please circle the appropriate 296 course: CYBER   DS   HCDD   IST   SRA

Required Documentation:

1. Faculty Member MUST attach a syllabus describing this Independent Study, including a description of the type and amount of work and the methods for evaluating performance; i.e., papers, examinations, etc.

2. Attach statement, signed by both the student and faculty member, indicating why the applicant's interest cannot be served by a regularly scheduled College of IST course.

Please ✓ appropriate box, if applicable:
☐ Course Substitution Request for_____ ***(Assoc. Dean's signature required below)**
☐ Honors Option: Student must complete SHC online form by the deadline specified
      at: https://www.shc.psu.edu/academic/resources/dates.cfm

Signatures of Approval:

Student: _____ **Date**: _____

Faculty/Instructor: _____ **Date:** _____

Adviser: _____ **Date:** _____

Director, Advising Center: _____ **Date:** _____

Associate Dean: _____ **Date:** _____