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: __________________