Request for Independent Study
CYBER/DS/HCDD/IST/SRA 496

496 is available for juniors and seniors 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: ______

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 496 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: __________