

## Request for Independent Study (IST 596) Form

Complete the following form with your selected instructor. **Please note:** you are only allowed to take a maximum of six credits of IST 596 during the duration of your program to fulfill specialization course requirements. Independent studies must have a deliverable.

Name	
PSU ID#	
Email	
Faculty member who will be your instructor	
Number of credits for which you are enrolling	
Semester/year for which you are enrolling	
Statement indicating why the student's interest ca Penn State course:	innot be served by a regularly scheduled
Description of Independent Study	
• Course Title:	
Course Description:	



•	Learning Objectives:	
•	Course Activities:	
•	Assessment (Please be specific on how the co	urse activities will be assessed):
•	Meeting Times (Please be specific on when yo	ou will meet with the instructor):
	*******	***
	Student Signature	Date
	Instructor Signature	Date
	this form to the Office of Graduate Programs director of Graduate Programs.	in the Westgate Building to be approved
	Graduate Programs Director Signature	Date