Request for Independent Study
IST 496

IST 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 IST courses. 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.

You must obtain approval signatures, attach required documentation, and return this form to the IST Advising Center in E101 Westgate Building by the end of the Add/Drop period.

Student Name: ___________________________ PSU ID: 9 - __________
Major: ___________ Semester Classification: _______ Phone: __________________________
Faculty Member you will be working with: (print clearly) ________________________________
Your Adviser: (print clearly) ________________________________
Number of credits for this study: ___________________

Semester for which student is enrolling:
Please circle appropriate semester/session and write in the year.
Fall _____ Spring _____ Summer _____(1st 6-week) Summer _____(2nd 6-week) Summer _____(other)

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 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: _______ Request ☐ Approved ☐ Denied