Request for Independent Study  
SRA 296

SRA 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 College of 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: ____________

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 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: ______  Request ☐ Approved  ☐ Denied