



COLLEGE of INFORMATION SCIENCES & TECHNOLOGY

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: 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 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