Request for Independent Study
IST 296

IST 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 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 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

REV. 9/6/17 pjc