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 104 IST 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 which student is enrolling: ________

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