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 104 IST 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 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 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