Request for Independent Study  
SRA 496

SRA 496 is available for juniors and seniors 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: ____________________

______________________________  Date: ____________

*Associate Dean: ___________________________  Date: ________  Request ☐ Approved  ☐ Denied

11/21/14 pjc