



South Dakota Mines Registrar's Office Independent Study Request Form

Student ID: _____

Student Name: _____

*Student Signature: _____

Date: _____

*Student signature is optional if instructor is canceling a course and filing this on their behalf. One form per student is required!

FOR DEPARTMENT USE ONLY:

Course prefix: _____ Course level (100, 200, 300, etc...): _____ Semester: _____

Course title (Max. 25 characters): "IND: _____ Credits: _____

Is this Independent Study to replace a current course offering that needs to be canceled?

Yes ___ No ___ If yes, what is the CRN number of the course to be canceled? _____

Instructor Name (printed): _____ Instructor Signature: _____

Dept. Head Name (printed): _____ Dept. Head Signature: _____

Faculty may only teach one independent study per semester without additional approval. An independent study can only be set up at one level, cannot vary in credit total, and it can only have a maximum of three students. If this unw gpv'u'rgi kwtvqpp causes an independent study to exceed any one of those three limitations during the same semester, the faculty member will need department head approval and provost approval as these will be ugv'w' 'cu multiple sections. 'Department'j gcf "cr r tqxcnku'qdvclpgf "dgnqy 0The Registrar's Office will review the request and forward to the provost for review and approval, as necessary.

Are you currently instructing another independent study section in the semester requested on this form?

Yes ___ No ___ If yes, how many Independent Study sections are you instructing in the given semester? _____

Justification for multiple sections:

I approve of my faculty member teaching two (or more) independent study sessions in the same semester.

Dept. Head Name (printed): _____

Dept. Head Signature: _____ Date: _____

Please return form directly to Registrar's Office after completing all above fields.