PART 1: TO BE COMPLETED BY STUDENT REQUESTING SPECIAL STUDY

Student Last Name                                          First Name           MI
___________________________________________________________________________________________
MAX ID Number                                           Degree and Major          Expected Graduation Date
___________________________________________________________________________________________
Local Address           Local Phone
___________________________________________________________________________________________
Student Signature                    Date         Email
__________________________________________________________________________________________
Student Adviser Signature            Date
___________________________________________________________________________________________
Student Adviser Information

Please attach this form a justification for the student’s needs for this course.

PART 2: TO BE COMPLETED BY COURSE INSTRUCTOR OR FACULTY SUPERVISOR

CHECK ONE:
____INDEPENDENT STUDY (ugrd -use 498; not for Honors Course)
____INDEPENDENT STUDY (grad – course number varies)
____INDEPENDENT STUDY (ugrd – use 489; for Honors Course)
____INDEPENDENT STUDY (ugrd – use 499; for Dept Honors Thesis)
____INDEPENDENT STUDY (ugrd – use 499, for Univ Hnrs College Thesis)
____INDIVIDUALIZED INSTRUCTION (ugrd or grad – use catalog number)
   (Includes Graduate Practicum or other course in the grad or ugrd catalogs that are not scheduled in the special study term)

SPECIAL STUDY COURSE INFORMATION
   (print year)
Fall      _____       Summer 1 _____
Spring _____       Summer 2 _____
Winter _____       Summer 3 _____

FACULTY SUPERVISOR/INSTRUCTOR
Print name: __________________________

Subject &Course Number (ex. ENGL 489) | Credits | Short Course Title/Topic (ex. Writings of Jane Austen)

For the term indicated above, list the total number of independent study credits ____ and individualized instruction credits ____ you will supervise, including the credits on this form.

NOTES: A maximum of 9 student credit hours of independent study and a separate maximum of 9 student credit hours of individualized instruction may be supervised in any one term. This applies to fall, spring/winter or the entire summer term (including Summer 1,2, and 3 combined).

Faculty Supervisor Signature                    Date         MAX ID Number
_____________________________________________________________________________________

PART 3: SIGNATURES REQUIRED FOR APPROVAL AND PAYMENT AUTHORIZATION

Chair of department in which study will occur                      Date
_____________________________________________________________________________________
Dean of College in which study will occur                         Date

Estimated Cost: __________________________ For Registrar’s Office use only: CRN________________
c: Registrar’s Office 9/2015
<table>
<thead>
<tr>
<th>Person Responsible</th>
<th>Steps Required</th>
</tr>
</thead>
<tbody>
<tr>
<td>Student</td>
<td>1. Discusses proposed special study with course instructor or faculty supervisor. Completes PART 1, discusses plan with academic adviser and obtains adviser’s signature.</td>
</tr>
<tr>
<td>Adviser</td>
<td>2. Discusses request with student, attaches a clear and detailed justification for the study and signs form (PART 1) if approved.</td>
</tr>
<tr>
<td>Instructor/Supervisor</td>
<td>3. Completes all information in PART 2 and signs form. Forwards form to department chair.</td>
</tr>
<tr>
<td>Department Chair</td>
<td>4. Chairperson of department offering course will review special study request form and faculty load information, sign form (PART 3) if approved, and forward form to dean of his/her school.</td>
</tr>
<tr>
<td>School Dean</td>
<td>5. Dean of school offering course will review special study request form and faculty load information, sign form (PART 3) to authorize payment of faculty member, and forward it to Registrar’s Office for processing.</td>
</tr>
<tr>
<td>Registrar’s Office</td>
<td>6. Process student’s registration for special study assignment.</td>
</tr>
<tr>
<td>HR Technician in Provost’s Office</td>
<td>Notifies Bursar’s Office if processing the special study results in a change to the student’s billing status.</td>
</tr>
<tr>
<td>HR Technician in Provost’s Office</td>
<td>Distributes copies of approved special study forms as follows:</td>
</tr>
<tr>
<td></td>
<td>Faculty member supervising special study assignment</td>
</tr>
<tr>
<td></td>
<td>Budget Office</td>
</tr>
<tr>
<td></td>
<td>HR Technician in Provost’s Office</td>
</tr>
<tr>
<td>Student</td>
<td>7. Verifies student’s registration for and/or completion of special study assignment. Completes the SSHE form for calculation of faculty payment and forwards it to the Payroll Office for processing.</td>
</tr>
<tr>
<td>Payroll</td>
<td>8. Settles any additional cost resulting from registration for special study credits.</td>
</tr>
<tr>
<td>Payroll</td>
<td>9. Processes SSHE form so that faculty member will be paid. Forwards a copy of completed payment form to the Budget Office.</td>
</tr>
</tbody>
</table>