



Independent Study Request  
Office of Academic Affairs  
9700 West Taron Drive  
Elk Grove, CA 95757  
916-686-7400  
OAA@cnsu.edu

## INSTRUCTIONS

Independent Study provides students with an opportunity to collaborate with faculty on Research or specialty projects. Complete the following 4 steps to register:

- 1) The interested student and appropriate faculty member determine the nature and scope of the project to be completed, design the course, the scope of the work, specific assignments, methods of evaluation, timeline and assessments.
- 2) Prior to starting the project/course, the student and faculty member complete this INDEPENDENT STUDY REQUEST.
- 3) The faculty member must submit the form and syllabus to the Department Chair for approval **and then** to the Office of Academic Affairs for final approval at least 2 weeks prior to the start of the semester.
- 4) The Administrative Assistant for Academic Affairs will submit the form to the Office of the Registrar to officially enroll the student in the course.

## COURSE SPECIFICS/ELIGIBILITY

- Units for an IS may vary depending on the nature of the course. IS courses that serve as electives should be 2 units.
- Students may enroll in one independent study course per semester
- Minimum cumulative GPA to enroll is 2.8;
- Students are eligible to take independent study after successful completion of the first year of the Doctor of Pharmacy program.
- Student must be in good academic standing and not be on Academic Probation.
- **Deadline** to submit the completed Independent Study Form AND register for the course is the **5th day of class of the semester**.

## STUDENT & COURSE INFORMATION (Please write legibly)

Student Name: \_\_\_\_\_  
First Middle Last

Student ID # \_\_\_\_\_ Class of \_\_\_\_\_

Term & Year of Planned Course  Fall 20\_\_\_\_  Spring 20\_\_\_\_  Summer 20\_\_\_\_

Instructor's Name: \_\_\_\_\_ Department: \_\_\_\_\_

Please check number of credit(s) maximum of 2 per semester  1 credit or  2 credits

Which Level?  (P1)  (P2) or  (P3)

Please attach a one page description of the proposed Independent Study course/project, to include all the information requested under # 1 (see instructions above)

Student Signature: \_\_\_\_\_ Date \_\_\_\_\_

Instructor \_\_\_\_\_ Date \_\_\_\_\_

Department Chair \_\_\_\_\_ Date \_\_\_\_\_

Office of Academic Affairs \_\_\_\_\_ Date \_\_\_\_\_

OFFICE OF THE REGISTRAR USE ONLY

750/850 Section \_\_\_\_\_ (01, 02, etc.)

Date Received: \_\_\_\_\_ Date Registered: \_\_\_\_\_ Processed By: \_\_\_\_\_ Rev. 06/17OR