

MOUNT ST. MARY'S UNIVERSITY

UNDERGRADUATE STUDENT

**REQUEST FOR SPECIAL STUDY**

**INDEPENDENT STUDY, TUTORIAL, OR RESEARCH**

**PART 1: TO BE COMPLETED BY STUDENT:**

Student Last Name:	First Name:	Middle Initial:
Student ID #:	Degree and Major:	Expected Graduation Date:
Address:	Phone:	
Student Signature:	Date:	Email:

Does this cause an overload in your schedule? \_\_\_\_\_ If *YES*, by how many credits are you overloading? \_\_\_\_\_

You must receive approval from Associate Provost for student overload (over 16 credits): *Associate Provost Approval:* \_\_\_\_\_ (AP initials)

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

Course Instructor, Advisor, or Faculty Supervisor: Please attach to this form a justification for the student's need for this course.

<p><b><u>CHECK ONE:</u></b>  <b><u>INDEPENDENT STUDY:</u></b> advanced level of study with a faculty mentor involving a substantial scholarly or creative project designed by the student in concert with the mentor; normally requires junior or senior status.</p> <p>_____ Independent Study (Undergraduate-use course # 398; Graduate-course # varies)          _____ Independent Research (Science-use course # 450; or Psych-use course # 399)</p> <p>Course Code &amp; Title of Course _____ Number of Credits _____  <small>(example – BUS 301, Business Law I)</small></p> <p><b><u>TUTORIAL:</u></b> version of a regular course otherwise unable to be completed.</p> <p>_____ Tutorial (Undergraduate/Graduate–Use Catalog Course #)</p> <p>Course Code &amp; Title of Course _____ Number of Credits _____  <small>(example – BUS 301, Business Law I)</small></p>	<p><b>SPECIAL STUDY COURSE TERM:</b> <i>(PRINT YEAR)</i></p> <p>Fall _____ Spring _____</p> <p>Summer 1 _____</p> <p>Summer 2 _____</p> <p>Summer 3 _____</p>
<p><b>GRADING INFORMATION:</b></p> <p>___ Letter Grade</p> <p>___ Pass/Fail</p>	

**COURSE INSTRUCTOR OR FACULTY SUPERVISOR:**

This independent study/tutorial/practicum/research:

\_\_\_\_\_ requires payment                      \_\_\_\_\_ is offered *pro bono*  
\_\_\_\_\_ constitutes partial fulfillment of contractual obligation for course load under 3-4 or 4-3

_____	_____	_____
<i>Faculty Supervisor Signature</i>	<i>Printed Name</i>	<i>Date</i>

**LEARNING AGREEMENT**

List the three most important learning objectives:

- 1. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- 2. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- 3. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

List the course requirements that will help student achieve these objectives. Please include projected number of meetings and deadlines for work to be completed.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**PART 3: SIGNATURES REQUIRED FOR APPROVAL AND PAYMENT AUTHORIZATION:**

\_\_\_\_\_  
*Dean of School and/or Department Chair Signature*

*Date*

\_\_\_\_\_  
*Associate Provost Office Signature*

*Date*