Request for Independent Study
CYBER/DS/HCDD/IST/SRA 296

296 is available for first and second-year students who will undertake creative projects (including design projects or research papers) on topics not already covered in standard courses within the College of IST. 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 E103 Westgate 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 this study: _________

Please circle the appropriate 296 course:

CYBER   DS   HCDD   IST   SRA

Please circle the 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: ______________________

Associate Dean: ______________________________ Date: ______________________