Request for Independent Study
CYBER/DS/HCDD/IST/SRA 496

496 is available for juniors and seniors who will undertake creative projects (including design projects or research papers) on topics not already covered in standard IST courses. 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: ________
Major: _______________ Semester Classification: _______ Phone: ____________________________
Faculty Member you will be working with: (print clearly) ________________________________
Your Adviser: (print clearly) ________________________________
Number of credits for which student is enrolling: _______
Please circle the appropriate 496 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 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: ________________