Request for Independent Study
Data Science 396

Data Science 396 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 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: __________________

Request ☐ Approved ☐ Denied