Request for Independent Study (IST 596) Form

Complete the following form with your selected instructor. Please note: you are only allowed to take a maximum of six credits of IST 596 during the duration of your program to fulfill specialization course requirements. Independent studies must have a deliverable.

Name ________________________________
PSU ID# _______________________________
Email ________________________________

Faculty member who will be your instructor _______________________________________
Number of credits for which you are enrolling _______________________________________
Semester/year for which you are enrolling _______________________________________

Statement indicating why the student’s interest cannot be served by a regularly scheduled Penn State course:

Description of Independent Study

- Course Title:

- Course Description:
• **Learning Objectives:**

• **Course Activities:**

• **Assessment** (Please be specific on how the course activities will be assessed):

• **Meeting Times** (Please be specific on when you will meet with the instructor):

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_____________________________   ______________________
Student Signature     Date

_____________________________   ______________________
Instructor Signature     Date

Return this form to the Office of Graduate Programs in the Westgate Building to be approved by the director of Graduate Programs.

_______________________________  ______________________
Graduate Programs Director Signature  Date