

# Office of the Registrar

## Independent Study Proposal & Registration Form

All signatures are required for processing. Return completed form to Recitation Hall room 21 or registrar@wittenberg.edu.

**NOTE: To be eligible to complete an independent study**, a student must have completed the sophomore year (64 completed credits) and be in good academic standing with a cumulative GPA of 2.0 or better. A total of 18 semester hours of credit through a combination of internships, independent study, and/or senior thesis is permitted. A maximum of 10 hours of internship credit is possible.

Name \_\_\_\_\_ Student ID# \_\_\_\_\_  
 Phone# \_\_\_\_\_ Email \_\_\_\_\_ Class Year \_\_\_\_\_

Department granting credit for study \_\_\_\_\_ Course # \_\_\_\_\_

Brief Title: \_\_\_\_\_

Type of grade awarded:  Letter  S/NC Will this be a writing intensive (WI) course?  Yes  No

Semester and year course will be taken: \_\_\_\_\_ Number of credits to be earned: \_\_\_\_\_ \*

\*The number of credits is **dependent upon the department** in which you are credit. Check the course description in the Academic Catalog to confirm how many credits the course can be taken for: <https://www.wittenberg.edu/administration/registrar/academic-catalog>.

**Course Description** (Indicate N/A if an item does not apply)

1. Thesis of the study:
  
2. Purpose:
  
3. Research:
  - a. Preliminary bibliography:
  
  - b. Resource persons other than study supervisor:
  
  - c. Study locations other than Wittenberg:  
 (e.g., Library of Congress, City Planning Office, Hough, Argonne National Laboratories, etc.)
  
4. Supervisor's method of evaluating the project:  
 (e.g., test, paper, oral presentation)

Student's Signature \_\_\_\_\_ Date \_\_\_\_\_

Academic Advisor  
 Printed Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

Study Supervisor  
 (Faculty Member Assigning Grade)  
 Printed Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

Department Chair Approval  
 Printed Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

Final Approval \_\_\_\_\_  
 Office of the Registrar Signature \_\_\_\_\_ Date \_\_\_\_\_

Office Use Only: Dept: \_\_\_\_\_ Course #: 490 Section #: \_\_\_\_\_ Date: \_\_\_\_\_ Processed by: \_\_\_\_\_