



Office of the Registrar  
 315 Falls Avenue  
 PO Box 1328  
 Twin Falls, ID 83303-1238  
 Phone: (208) 732-6795  
 Email: recrods@csi.edu

## Application for Independent Study

Name: \_\_\_\_\_ CSI ID#: \_\_\_\_\_

*Independent study is designed to complement your major and cannot be used to complete requirements for a regularly offered course. You may not use independent study to improve a grade you received in a class. This form should be completed collaboratively by the student and instructor.*

Course Information				
Term (Fall, Spring, Summer)	Year	Course Code	Number of credit hours	Grading Basis
				<input type="checkbox"/> Pass/Fail <input type="checkbox"/> Letter Grade
<b>Description of Proposed Study</b>				
<b>Learning Objectives</b> (What new knowledge, skills and abilities will the student have at the end of the study?)				
<b>Activities</b> (The plan might include readings, interviews, discussion with a faculty advisor, or other activities as appropriate.)				
<b>Outcomes/Evaluation</b> (How will the student's learning be demonstrated and assessed?)				
<b>Timetable</b> (Include interim mileposts such as advisor meetings, feedback on drafts, and final project completion. The advisor and student can use this to gauge progress and provide feedback and support as needed.)				



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By signing this document I agree to complete the work outlined above. I understand I am bound by the same add/drop and payment deadlines as a regularly scheduled course. I understand failure to complete the agreed upon curriculum by the end of the indicated term could result in failure of the course.

**Student Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

By signing this document I agree to supervise said student in the curriculum outlined above. I understand this is voluntary work in addition to my normal teaching load and I will not be reimbursed for this activity. I understand it is my responsibility to submit attendance and grades according to the deadlines established by the institution.

**Instructor Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

### Approval by Academic Affairs

Approved

Disapproved

\_\_\_\_\_  
Advisor Signature

\_\_\_\_\_  
Date

Approved

Disapproved

\_\_\_\_\_  
Department Chair Signature

\_\_\_\_\_  
Date

Approved

Disapproved

\_\_\_\_\_  
Instructional Dean Signature

\_\_\_\_\_  
Date

#### Office of the Registrar Use Only

Registration Specialist \_\_\_\_\_ Date \_\_\_\_\_