Art Department
Request for Independent Study (ART 4990)*

Student: ________________________________ Student ID #: ______________

Student email ____________________________________________________________

Overall QPA _____ Major _______ Any outstanding incompletes?** ______

Supervising Instructor: _______________________ Number of credit hours: ___

Semester in which independent study will receive credit: ______________

Topic or project title (if applicable) ______________________________________

______________________________________________________________________

Briefly explain your reasons for requesting an independent study and list any gaps in the curriculum that would be filled. NOTE: this study should not duplicate a regularly available course, except in extreme conditions.

What specifically will be required of the student to complete this study and to demonstrate mastery of the skills, concepts, etc. (Exams, papers, works of art, etc.) Please include skills and concepts to be learned.

Itemize tentative deadlines or milestones for stages of this course of study. When will assignments, readings, etc. be due?

Describe the nature of any guidance or supervision the instructor will provide to the student for this project. How many faculty conferences will be required?

Identify sources for your independent research, including required readings and other materials.

* This form should be completed in consultation with the faculty member supervising the Independent Study. Use additional pages as needed.

** It is recommended that students with outstanding incompletes not take independent studies.
Identify basic evaluative criteria and percentages that will determine the student’s final grade.

**Signatures**

Signature of student _______________________________ Date ________

I, signed below, have discussed the project with the student and agree to direct it as outlined above:

Signature of instructor _______________________________ Date ________

Signature of advisor _______________________________ Date ________

Signature of dept. chair _______________________________ Date ________