SEMESTER:_____ DATE:_____

PERMISSION TO ENROLL IN AN INDEPENDENT STUDY

STUDENT'S NAME:_____ SS#_____

LOCAL ADDRESS:_____

MAJOR:_____ ADVISOR:_____

DEPARTMENT/DISCIPLINE:_____ COURSE: _____

FACULTY SUPERVISOR:_____ CREDITS: _____

DATE TO BE TAKEN:_____

STUDENT ACADEMIC INFORMATION – A COPY OF THE STUDENT'S CURRENT TRANSCRIPT MUST ACCOMPANY THIS FORM (supplied by Enrollment Services):

THE NUMBER OF INDEPENDENT STUDY CREDITS PREVIOUSLY TAKEN: _____

CUMULATIVE GPA:_____ TOTAL ACCUMULATED CREDITS:_____

THE FOLLOWING QUESTIONS ARE TO BE COMPLETED BY THE SUPERVISORY FACULTY MEMBER:

1. A brief description of the work to be done by the student: _____
_____
_____

3. Are any special facilities or equipment needed? _____

4. Studio or Lab Fee? _____

5. Approximately how much time will the student have to devote to the study on an independent basis? _____
_____

6. How often will you meet with the student? _____

7. In what ways will you participate in the study and/or work with the student? _____
_____

8. What do you require and expect of the student in terms of satisfactory performance? _____

9. What is your teaching load during this period? _____

10. Have you described and discussed with the student your expectations for the study and the way you will make an evaluation on which to base your grade? _____

11. Do you understand and accept the University policy that you will not be paid for the course until you have submitted a grade (I, NGR or W do not constitute a grades)? ___YES ___NO PLEASE INITIAL _____.

12. Are there any additional needs or special circumstances which should be described? _____

_____

MUST BE APPROVED BY:

[ ] FACULTY SUPERVISOR'S SIGNATURE: _____ DATE: _____

[ ] DEPARTMENT HEAD: _____ DATE:_____

[ ] DIVISION DIRECTOR: _____ DATE: _____

[ ] UNIVERSITY DEAN:_____ DATE:_____

[ ] PROVOST OF THE COLLEGE: _____ DATE:_____

Mail or Fax Completed form to: Registrar, Long Island University, 121 Speonk Riverhead Road LIU Bldg., Riverhead, NY 11901
Fax: (631) 287-8125