

INDEPENDENT STUDY REQUEST

Student Name _____ SID # _____ Year Matriculated _____

Program ☐ M.Arch I ☐ M.Arch II Current Year ☐ 1 ☐ 2 ☐ 3 ☐ 4 Date _____

Student Guidelines:

All Independent Study Request forms must be submitted to the Curriculum Committee for approval by the Monday of the final exam week the semester before the student wishes to begin the Independent Study. Notification of the Committee's decision will be given during the first week of the semester that the Independent Study is to commence. No new students or faculty members can be added to the Independent Study proposal after submission.

Proposals for Independent Study must not duplicate existing course material.

The number of students working jointly in an Independent Study will be limited to two students per faculty member for a design based Independent Study and one student per faculty member for a library/research based Independent Study. Each student in a collaborative Study must submit his/her Independent Study Request Form.

Primary Faculty Advisor: (responsible for submitting grade) _____

Additional Faculty Advisors: _____

Attach the following to this form:

- Description of Study:** a written description of the proposed Independent Study, including background information on this subject that will be helpful in evaluating the Study
- Bibliography/Research:** a proposed bibliography of readings and/or a list of research materials intended to be used in this Study
- Weekly Schedule:** a proposed weekly schedule, including proposed meeting dates, tasks to be performed, and research/readings expected to accomplish per week
- Advisor(s) Meetings:** all proposed meetings with advisors and consultants throughout this Study
- Final Product:** a detailed description of what will be produced as a final result of the Study (formal paper, built piece, presentation boards, etc.)
- Final Evaluation:** the format proposed to use for evaluating the success of the Study (formal paper, presentation with invited guests, exhibition, etc.)

Student Signature _____ Primary Faculty Advisor Signature _____

CURRICULUM COMMITTEE

Curriculum Committee meeting date _____ Designed Area of Study _____

☐ Approved ☐ Disapproved ☐ Revise and Resubmit by _____

Comments _____

Signature of Chairperson of Curriculum Committee Date _____

Revision: ☐ Approved ☐ Disapproved

Signature of Chairperson of Curriculum Committee Date _____

RULES COMMITTEE

Rules Committee meeting date _____ Student in good academic standing: ☐ Yes ☐ No

☐ Approved ☐ Disapproved

Signature of Chairperson of Rules Committee Date _____