

INDEPENDENT STUDY AUTHORIZATION

Name _____

Student ID _____

Important Guidelines for Independent Study

- Independent studies projects should only be sponsored by full-time faculty. Any exceptions to the above policy should be made by the academic dean of the program in which the student is enrolled.
- Independent studies are voluntary for both faculty and student.
- Independent studies require a written proposal of study prepared by the student and signed by the faculty prior to the start of the Semester for which the Independent Study credit is requested. The proposals will be presented to the departmental chair or deputy chair and require his/her written approval
- Independent study courses are intended to allow students to study material not included in courses at Stern, as a complement to carefully designed programs of study.
- Independent studies may be for one (1), two (2), or three (3) credits, depending on the workload. A three (3) credit independent study should have an intellectual load equivalent to a regular, three (3) credit course, as determined by the faculty.
- A grade should be assigned at the completion of the study.
- The maximum number of credits from all independent studies should not exceed three (3) credits for any given student.
- Independent studies do not involve course credit for the volunteer instructor.
- Independent studies may not be used to give credit for work experience, including paid or unpaid internships.
- Students must have a 3.3 cumulative GPA to be eligible for independent study. Independent studies are open to juniors and seniors with departmental approval. *Please note: Certain departments, such as finance, restrict this option only to seniors*
- Upon approval by the departmental chair/co-chair, the student must submit this form to the Undergraduate Office of Advising for registration purposes.

Requested Term and Year	Number of Credits	Department
Fall Spring Summer Year _____	1.0 2.0 3.0	

Brief Description of Independent Study:

Student
 Name: _____ Signature: _____ Date: _____

Professor
 Name: _____ Signature: _____ Date: _____

Department Chair/Co-Chair
 Name: _____ Signature: _____ Date: _____

For Office Use Only:

Enrolled Student _____ (Advisor initials)

Copy of form scanned into ImageNow _____ (Advisor initials)