

**Independent Studies Criteria.**

1. Minimum 2.5 GPA is required to be eligible for I/S.
2. Students must have at least sophomore standing.
3. Only six hours of course work may be taken as I/S in any semester.
4. A maximum of 12 hours may be taken as I/S and counted toward the bachelor's degree.
5. Must be taken with full-time, tenured or tenure-track or clinical track CAM faculty at non-compensated overload to regular faculty teaching load.
6. May **not** be taken as substitute for regularly scheduled and available courses.
7. Must be approved by Department Chair and Dean (or designee).

***Lines 1-11 to be filled out by the student. Lines 12-15 to be filled out by the faculty member.***

1. Date: \_\_\_\_\_
2. Student Name: \_\_\_\_\_ 2a. Student ID Number: \_\_\_\_\_
3. Student's University Email Address: \_\_\_\_\_
4. Student's telephone number: \_\_\_\_\_
5. Request for: Circle One: Fall Spring Summer 5a. Year: 20\_\_\_\_\_
6. Major: Circle One: BS BFA BA Circle one: Music FINE TFTV Emphasis: \_\_\_\_\_
7. Number of CU Denver hours completed: \_\_\_\_\_ 7a. Current Cumulative GPA \_\_\_\_\_
8. Proposed Faculty Member: \_\_\_\_\_
9. Title of Independent Study (to appear on transcript): \_\_\_\_\_
10. How many credit hours: Circle One: 1 CH 2 CH 3 CH
11. Course fulfills degree requirement as:  **Elective** OR  **Substitute for unavailable required course**

**Independent Studies:** Students are given the opportunity to evaluate their I/S experience by writing an I/S Review report. The Review is available in ARTS 177. Students should plan to submit this report by the Friday of finals week.

***For Office Use Only – to be filled out by the Department Chair***

- \_\_\_\_\_ Special Processing Form attached and complete
- \_\_\_\_\_ Course tasks, criteria for assessment, assessment strategies, and meeting times described
- \_\_\_\_\_ Student's GPA > 2.500
- \_\_\_\_\_ Student has completed > 30 credit hours
- \_\_\_\_\_ Student has completed < 12 credits of I/S and is registered for less than 6 credits of I/S in current term
- \_\_\_\_\_ Tenured or Tenure-track or Clinical Track CAM faculty member approved
- \_\_\_\_\_ If I/S does not apply as an elective, describe in the space below why a substitution is needed:

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_ If student does not meet **all** required criteria, please detail in space below why an exception should be approved:

\_\_\_\_\_  
\_\_\_\_\_

Department Chair Signature

Date

**Lines 12-15 to be filled out by the faculty mentor: (Attach additional pages if needed)**

12. Describe all tasks/assignments and due dates for each.

13. Briefly describe criteria for all tasks/assignments.

14. Tentative meeting schedule (e.g., dates, times, and locations)