### Independent Study (I/S) Request Form

#### 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.

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<table>
<thead>
<tr>
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<tbody>
<tr>
<td>1. Date: ____________________</td>
<td>2a. Student ID Number: ____________________</td>
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<tr>
<td>2. Student Name: ____________________</td>
<td>3. Student’s University Email Address: ____________________</td>
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<td>4. Student's telephone number: ____________________</td>
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<td>5. Request for: <strong>Circle One</strong>: Fall Spring Summer</td>
<td>5a. Year: 20___</td>
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<td>6. Major: <strong>Circle One</strong>: BS BFA BA <strong>Circle One</strong>: Music FINE TFTV <strong>Emphasis</strong>: ____________________</td>
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<td>7. Number of CU Denver hours completed: _______</td>
<td>7a. Current Cumulative GPA ________</td>
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<td>8. Proposed Faculty Member: ____________________</td>
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#### 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 ____________________

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Edited by Student Name ____________________ Date ____________________

Signature ____________________ Date ____________________

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

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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)