## APPLICATION FOR INDEPENDENT STUDY DEPARTMENT OF ART

Student Name (p	Student Name (printed):		
Campus Wide ID:		Major:	
Date:	Semester:	_ Campus Email:	
	fill in number of units ease ensure that you select the co	rrect number of units, as	the system will default to one (1) unit.
	Indergraduate Independent Study) raduate Independent Study)	Units: Units:	Schedule # : Schedule #:
	STU	DY PLAN	
In order for the	study plan to be approve	d by the departmer	nt, you must include the due
date of each as	signment, how the assign	ments will be grad	ed, and the weight of each
assignment rel	ative to the overall grade.	Please include a o	ne-two sentence description
of each assignr	ment.		

The university policy on independent study courses can be found here: <a href="UPS 400.010">UPS 400.010</a> (fullerton.edu)

<a href="https://www.fullerton.edu/senate/publications\_policies\_resolutions/ups/UPS%20400/UPS%20400.010.pdf">UPS%20400.010.pdf</a>

Please see reverse side for signature section.

	I have read the university policy on independent study courses (UPS 400.010).		
	For every assignment, I have included a due date, relative weight of assignment, brief description, and explanation of how the assignment will be graded.		
	I have thoroughly communicated the expectations of the independent study with the student.		
	The student has access to the study plan to reference throughout the semester.		
Name of supervising faculty:			
Signature of supervising faculty:			
Signature of department chair:			
	<del></del>		