

## Application for Independent Study or Practicum

This form must be submitted to the Department office at least one week prior to the last day to register for classes during the semester in which the Independent Study is scheduled. A Graduate student may apply for no more than three courses of Independent Study toward a graduate degree or licensure.

Student Information:

Name: \_\_\_\_\_ Student ID# \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_ Email Address: \_\_\_\_\_

Degree Program and /or Academic Program: \_\_\_\_\_

Course Information:

Degree Applicable Independent Study Course Prefix:

CORE CPSY ED EDAD EDLL SCED Other: \_\_\_\_\_

Course Number (circle): 599 699 799

Degree Applicable Practicum Course Prefix:

CORE CPSY ED EDAD SCED Other: \_\_\_\_\_

Course Number (circle): 544 644

Continuing ED Independent Study Course Prefix (non-degree applicable credit):

CEED CECF Other: \_\_\_\_\_

Course Number (circle): 899

Title of Independent Study or Practicum: \_\_\_\_\_

Semester Hours: \_\_\_\_\_ Semester Start Term:  Spring  Summer  Fall Year \_\_\_\_\_

Grade Will Be:  CR/NC  Letter **(CE is CR/NC only)**

Independent Study Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

This course will take the place of the following course in the student's program: \_\_\_\_\_

Lewis & Clark Faculty Advisor: \_\_\_\_\_

Independent Study or Practicum Instructor: \_\_\_\_\_

Department Chair Signature: \_\_\_\_\_

*Dept. Office: Please send the original completed form to the Registrar's Office. Keep a copy of the form on file in your department. Thank you!*

**Department use only** AR Code \_\_\_\_\_ Tuition per Credit Hour \_\_\_\_\_

## Application for Independent Study or Practicum

This form must be submitted to the Department Office at least one week prior to the last day to register for classes during the semester in which the independent study is scheduled. A graduate student may apply no more than three courses of Independent Study toward a graduate degree or licensure.

1. Justification for Request of Independent Study (why do you want to do this Independent Study?):

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2. On a separate sheet, please outline your proposed Independent Study project including goals, reference materials (if known), and measure of intended outcome.

3. Description of setting or situation (Practicum Only):

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4. Suggested Student/Instructor meeting dates and times:

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5. Method of evaluation:

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6. Bibliography:

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7. Final paper or product must be given to instructor no later than the last day of the semester when credit is requested, unless otherwise agreed upon.

Student \_\_\_\_\_ Date \_\_\_\_\_

Instructor \_\_\_\_\_ Date \_\_\_\_\_