APPLICATION FOR INDEPENDENT STUDY (297, 387, or 397)

General regulations and descriptions are printed in the College Catalog.

For deadlines see Student Dates to Remember on the Registrar’s Office website.
http://www.grinnell.edu/about/offices-services/registrar/calendars

Please TYPE OR PRINT legibly

Name ________________________________________________________    Student ID: _____________  Class Yr. ______
Major: __________________________________________ Adviser Name ________________________________________
Dept. of Registration ______________________________Faculty Director Name ______________________________
E-mail Address ______________________________    PO Box ___ - ___        Is this a group independent? ___ Yes ___ No
                                          (check one)
Full Project Title:  ____________________________________________________________________________________

Transcript Title (24 characters maximum including spaces):

I. Type of Independent (check one):
   Fall ____ Spring_______  Year_______

   387 Individual Reading:
   Chinese:  2 cr ___  4 cr ___  297 Guided Reading:  2 cr ___
   Greek:  2 cr ___  4 cr ___
   Latin:  2 cr ___  4 cr ___
   Japanese  2 cr ___  4 cr ___  397 Independent Study:  2 cr ___  4 cr ___
   (Note: Individual Reading is not available in French)

II. Project Check List:
   In consultation with your faculty director determine the details of the project.  Attach a typed project statement
   which includes the following information (please use the lettered section headers below in your statement):

   For Individual Reading (387): Contact the specific department for the project check list.
   For Guided Readings (297):
      a.) a thorough description of the topic and project, and
      b.) a bibliography.
   For Independent Study (397) :
      a) a thesis statement or equivalent,
      b) an outline of the project, and
      c) a bibliography.
      d) An indication of academic preparation for this study.

III. For any independent study (297, 387, 397) please provide a specific schedule of meetings with your faculty
director below:

    Meeting days:  (circle all that apply) Mon.  Tues.  Wed.  Thurs.  Fri.

    Meeting Time(s):  ________________________________________________

    NOTE:  Students are typically expected to meet with their faculty director at least one time per week.  Exceptions
should be addressed in a separate note attached to this application or your application approval will be delayed.
IV. For Guided Reading (297) or Independent Study (397) please explain the product(s) of your project (i.e. papers [including length], works of art, presentations, journals, etc.) and the deadlines for completion of the major sections of the project.

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<th>Product</th>
<th>Deadline</th>
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(Note: if several products are to be created, please attach a separate list to this application.)

REQUIRED SIGNATURES

STUDENT: You should refer to the current College Catalog for the general regulations for undertaking Independent Study.

I have carefully provided all of the information necessary to complete this application and am familiar with the restrictions and guidelines that apply to Independent Study. I fully understand that my proposal will not be approved unless all aspects of my project are clearly stated.

Signature __________________________________________ Date: ______________

ADVISER APPROVAL:
Please read the application submitted by the student. Approve her/his registration for these credits of Independent Study by signing in the space provided. Your signature confirms that the proposed project conforms to the regulations on Independent Study and to departmental policies. This independent project cannot substitute for a regularly offered course.

Signature __________________________________________ Date: ______________

DIRECTOR APPROVAL:
Indicate your approval by signing this form and keep a copy for your records. Please also obtain your department chair’s approval for directing this project. Return the completed proposal to the student.

Signature __________________________________________ Date: ______________

CHAIR OF THE DEPARTMENT OF REGISTRATION FOR INDIVIDUAL READING (387) ONLY:
I have carefully reviewed this Individual Reading application and confirm that the proposed project conforms to departmental policies. My signature below notes my approval.

Signature __________________________________________ Date: ______________

FOR OFFICE USE ONLY:
ASSOCIATE DEAN APPROVAL __________________________ DATE: ______________

Course ID ______-______ .____ SECT _____________ RGN _____________