

North Central State College

INDEPENDENT STUDY FORM

Effective: August 20, 2012

DEADLINE: Finalized form must be received by the Student Records Office the Friday before the term begins unless the class has been cancelled. An Independent Study request due to a course cancellation is due to the Student Records Office by the second Monday of the term. **PLEASE ATTACH AN UNOFFICIAL TRANSCRIPT TO THIS FORM.**

GUIDELINES: Completion of **40 credits** and at least a **2.67** grade-point average are normally required for admittance to an Independent Study course. A student cannot register for Independent Study during a term in which the class is run. Exceptions to these guidelines may be made by the Divisional Dean and will be noted on the back side of this form. Students must pay a non-refundable surcharge fee of \$30 per credit hour (in addition to regular tuition and fees) for Independent Study courses.

Name _____ Student I.D. No. _____
or SS No. _____

Address _____
Number and Street City, State, Zip Code

Home/Cell Phone: _____ Work Phone: _____

Major _____

Have you ever failed this course in a previous term? Yes or No

Semester / year in which you wish to take this Independent Study _____

Course to be completed by Independent Study _____
Course No. Name

Reason for requesting Independent Study _____

If this Independent Study request is approved, my signature below authorizes the Student Records Office to register me for the course. In addition, if I wish to withdraw from this course, I understand that I would need to formally withdraw at the Student Records Office.

Student Signature Date

NEXT PAGE TO BE COMPLETED BY COLLEGE OFFICIALS

TO BE COMPLETED BY FACULTY MEMBER AND ACADEMIC DEAN/DIRECTOR/ASSISTANT DEAN. Faculty Member: Please attach the student's unofficial transcript if not already attached.

GPA _____
(Minimum standard is 2.67)

Total credits completed at NC State _____
(Minimum standard is 40 – transfer/proficiency credit should not be included in this count)

Student has previously failed this course (check transcript): Yes or No

If minimum is not met by student, please explain your reason for approving this Independent Study (check one):
Requested course has been cancelled AND is a prerequisite to the next course series
Other – please explain _____

If this Independent Study course has variable credit and contact hours (Example: BIOL1050, 3 credit hours, 2 lecture, 2 lab), please fill in numbers here:

CREDIT HOURS		CONTACT (Class) HOURS	
Lecture	Lab	Lecture	Lab

SURCHARGE FEE

Student was registered for this class and the class was cancelled. Yes No
Recommendation to waive surcharge fee. Yes No

ACADEMIC DEAN/DIRECTOR/ASSISTANT DEAN: If you are recommending the waiving of the surcharge fee, please clearly indicate reason here: _____

Signature _____ Date _____

Course Coordinator Recommendation: Yes or No

1. _____
Signature of Course Coordinator Date _____

2. _____
Printed Name of Faculty Member **Campus Zip Code** _____

3. **Faculty Approval** - Write Legibly Yes or No
Signature _____ Date _____

4. **Assistant Dean Approval** - Write Legibly Yes or No
Signature _____ Date _____

5. **Dean Approval** - Write Legibly Yes or No
Signature _____ Date _____

Distribution - Original to Division Dean / Copies to:
____ Student Records Office (for registration) ____ Student ____ Assistant Dean
____ Payroll Specialist ____ Faculty Member