

North Central State College

INDEPENDENT STUDY APPLICATION

Effective: May 28, 2024

DEADLINE: Finalized application must be received by the Dean of Academic Services Office by 5:00 pm on the Thursday before the term begins unless the class has been cancelled.

GUIDELINES: Completion of **40 semester 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 must be approved by the VP of Academic Services 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 ID:** _____

Address: _____
Number and Street *City, State, Zip Code*

Home/Cell Phone: _____ **Work Phone:** _____

Program: _____

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. *Course 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:** _____

FACULTY ACCEPTANCE:

Name: _____ **Signature:** _____ **Date:** _____
(printed)

INDEPENDENT STUDY APPLICATION**Page 2****Cumulative 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)Requested course was on class schedule but
cancelled AND is prerequisite to next course seriesStudent has previously failed Yes No
this course (*check transcript*):If Independent Study course has variable credit & contact hours (EX: BIOL-1050,
3 credit hours; 2 lecture; 2 lab), please enter current values here:

| CREDIT HOURS | | | CONTACT HOURS | |
|--------------|-----|--|---------------|-----|
| Lecture | Lab | | Lecture | Lab |
| | | | | |

WAIVERS:**Surcharge Fee:** Recommendation to waive surcharge fee. Yes NoAssistant Dean: Please clearly indicate the reason for the waiver below.**Minimum Guidelines:** Recommendation to waive GPA or total credits requirement Yes NoAssistant Dean: Please clearly indicate the reason for the waiver below.*Note: Waiver of minimum requirements must be approved by the VP Academic Services***APPROVALS:**

Assistant Dean: Yes No Signature: _____ Date: _____

*If the Assistant Dean declines to approve the independent study, clearly indicate the reason below.*Vice President Academic Services (*only required if minimum guidelines are not met*)

Comments

Approve _____
Signature
Reject _____
DateDean Academic Services

Comments

Approve _____
Signature
Reject _____
Date**Distribution - Copies to:**

| | | |
|-----------------------------|---------------------------|---|
| ____ Student Records Office | ____ Business Office | ____ Human Resources Office |
| ____ Student | ____ Faculty | ____ Assistant Dean |
| ____ Division Dean | ____ VP Academic Services | ____ Plan of Study, Date Received _____ |