

North Central State College

**INDEPENDENT STUDY FORM**

**Effective: January 1, 2010**

Last revised 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 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 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. Number 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/CHAIR.**

**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:			
<b>CREDIT HOURS</b>		<b>CONTACT (Class) HOURS</b>	
<b>Lecture</b>	<b>Lab</b>	<b>Lecture</b>	<b>Lab</b>

**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/CHAIR: 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. **Chair Approval** - Write Legibly Yes  or No   
 Signature \_\_\_\_\_ Date \_\_\_\_\_
5. **Dean Approval** - Write Legibly Yes  or No   
 Signature \_\_\_\_\_ Date \_\_\_\_\_

Distribution - Copies to:	
_____ Student Records Office (for registration)	_____ VP for Academic Services
_____ Payroll Specialist	_____ Student
_____ Department Chair	_____ Original to Divisional Dean
_____ Faculty Member	