Petition for Independent Study

Independent study is an important intellectual undertaking. This requires disciplined academic inquiry. Normally, students engaging in independent study have mastered the introductory and substantive content of the area of inquiry and are advanced in the subject. The subject of the independent study should not be available elsewhere in the curriculum and should be an integral part of the student's academic program. Additionally, students petitioning for an independent study must have an academic record that demonstrates they are able to do substantial work on their own in close consultation with and guidance from a faculty member. In most cases, independent study is reserved for students with advanced junior (385) or senior (485) status. First-year students and sophomores should petition for independent study at the 285 level and juniors at the 385 level unless the study is in their declared major. It is recommended that students participate in only one (1) independent study per semester.

Procedures and Deadlines

1. Please submit one copy of this petition to the Registrar’s Office with your registration card at the time of registration for courses. The independent study will be included in your semester registration. If the petition is not approved by the Associate Vice President of Academic Affairs and Registrar, you will need to drop the independent study and add another course within the first five (5) days of classes.

2. The description of the academic nature of the study (see page three of this form) should be planned in consultation with the supervisor and the student’s academic adviser prior to registration.

3. After submission to the Registrar’s Office, this petition will be reviewed by the Associate Academic Dean or Associate Dean of the College. Determination of the status of your petition will be made within one week. Copies of your petition will be made and distributed to your supervisor and to your adviser. A copy will also be returned to you indicating the dean’s approval. The original petition will remain on file in the Registrar’s Office.

4. A late fee of $25.00 will be charged if this petition is submitted after the registration deadline (first 5 days of the semester).

Application begins on the next page.
Earlham College
Petition for Independent Study

Application

1. Student’s Name _____________________________ ID# _________________
   ________ ______________________ ________ ______________________
   Drawer# Cell Phone# Email

2. Year in College _____________________________ Major __________________

3. Title of proposed study______________________________________________

4. Department ___________________________ Amount of credit requested ______

5. Semester and year in which I wish to be registered for this study: (This is the
   semester for which you will be billed). ________Fall, 20___  ____Spring, 20___

6. Faculty/Staff project supervisor’s name ________________________________

7. Courses completed in the department of proposed study:

<table>
<thead>
<tr>
<th>Course</th>
<th>Instructor</th>
<th>Grade</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Application continues on the next page.
Describe the nature of your study. Outline your proposed work to show as precisely as possible (1) how the proposed study complements your academic program of study; (2) how the independent study will be evaluated. Provide an initial bibliography for the Independent Study.

Signatures:

Student: _______________________________ Date ________________

**Project Supervisor:** I have reviewed this application, agree to be the supervisor and approve the pursuit of this independent study of described.

______________________________ Date ____________________

**Academic Adviser:** I have reviewed this application and approve this project within the student’s course of study.

Signature _______________________________ Date ________________

Print Name ______________________________

**Registrar:** ______________________________ Date ________________

Direct questions to the Registrar’s Office at ext. 1515 or email stoutju@earlham.edu or washibo@earlham.edu.