

## REQUEST FOR APPROVAL OF CREDIT FOR INDEPENDENT STUDY

To request degree credit for independent study, either contemplated or already completed, you must complete this form and file it with the Registrar, 107 Milbank, by the program-filing deadline for the semester in which you wish to receive credit.

Because Barnard College grants degree credit only for academic work, an internship per se does not qualify for credit. If the internship is related to an academic field represented in one of the Barnard departments, the experience may suggest a research project culminating in a substantive research paper. A student engaged in or contemplating such an internship who wishes to receive credit for independent study involving that internship must discuss her plans with a member of the Barnard faculty in a related field. If a substantive academic project has been developed, answer the following questions and secure the approvals of the sponsoring professor and the Chair of the relevant Barnard department on this form for submission to the **Faculty Committee on Programs and Academic Standing**. (Note: F-1 visa holders must have declared majors and require approval from the Office of the Provost to file this form. Please contact Dean DiMauro at [gdimauro@barnard.edu](mailto:gdimauro@barnard.edu))

STUDENT \_\_\_\_\_ CLASS \_\_\_\_\_ MAJOR \_\_\_\_\_

SEMESTER IN WHICH INDEPENDENT STUDY WILL RECEIVE CREDIT \_\_\_\_\_

DATE \_\_\_\_\_ BOX NO. \_\_\_\_\_ LOCAL PHONE NO. \_\_\_\_\_ EMAIL \_\_\_\_\_

1. Describe the purpose and plan for the independent study.
2. List the sources for your research, including specific readings and other materials.
3. How many faculty conferences are/were required? \_\_\_\_\_
4. How many hours will be/were involved? \_\_\_\_\_
5. Describe the culminating product. (If an essay or paper, specify number of pages required.)
6. Provide any other pertinent details. (Use reverse side, if necessary.)

NUMBER OF POINTS RECOMMENDED BY BARNARD DEPARTMENT \_\_\_\_\_

NOTE: Once this request has been approved, the point value may not be changed.

\_\_\_\_\_  
FACULTY SPONSOR (signature) DEPARTMENT DEPARTMENT CHAIR (signature)

APPROVED \_\_\_\_\_ DENIED \_\_\_\_\_ FOR CPAS \_\_\_\_\_ DATE \_\_\_\_\_