

REQUEST FOR APPROVAL OF CREDIT FOR INDEPENDENT STUDY

To request credit for an independent study, return this form to the Registrar's Office by the registration deadline for the semester in which you wish to receive credit.

Please note that independent studies do not satisfy general education requirements.

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 Barnard's departments, the experience may suggest a research project culminating in a substantive research paper. A student contemplating such an internship -- who wishes to receive credit for a related independent study -- must discuss their plans with a member of the Barnard faculty in a related field.

Once a substantive academic project has been developed, answer the following questions and secure the approvals requested below. Your request will be reviewed by 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)

STUDENT _____ CLASS _____ MAJOR _____

SEMESTER IN WHICH INDEPENDENT STUDY WILL RECEIVE CREDIT _____

DATE _____ PHONE _____ EMAIL _____

1. Describe the purpose and plan for the independent study.
2. On a separate page, list the sources for your research, including specific readings and other materials.
3. How many faculty conferences are required? _____ meetings of _____ hour(s) each
4. Other than these meetings, how many hours of work will be involved? _____
5. Describe the culminating product. (If an essay or paper, specify number of pages required.)
6. Provide any other pertinent details. (Use additional page, if necessary.)

CREDIT VALUE RECOMMENDED BY BARNARD DEPARTMENT _____

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

FACULTY SPONSOR (signature) DEPARTMENT DEPARTMENT CHAIR (signature)

FACULTY SPONSOR (print name) DEPARTMENT CHAIR (print name)

APPROVED _____ DENIED _____ FOR CPAS _____ DATE _____

REGISTERED _____ Colleague _____ SIS COURSE NUMBER _____