

GRADUATE INDEPENDENT STUDY REQUEST FORM

Trinity College of Arts & Sciences

Independent study enables a student to pursue for course credit individual interests under the supervision of a faculty member. Independent study is of two types: Independent Study (non-research) and Research Independent Study. The following policies apply to both types of independent study¹.

Approval process:

Preliminary approval:

- Must be approved by the instructor(s) involved.
- Must be approved by Director of Graduate Studies in the relevant department or program.
- If offered by a certificate program, approval is required by the Certificate Program Director.

Final approval:

- The final approval is up to the discretion of the Director of Graduate Studies or Certificate Program Director.

Faculty appointment:

- The instructor of record (supervising faculty member) must hold a regular rank faculty appointment at Duke within the department or program sponsoring the independent study.
- In some cases, there may be an additional instructor who mentors much of the independent study and holds an appointment outside the sponsoring department or program. If this is the case, the supervising faculty member is responsible for submitting the final grade, and ensuring that the instructor adheres to academic standards, policies, and procedures pertaining to graduate students of Duke University.

Course Content / Quality:

- Must provide a rigorous academic experience equivalent to that of any other graduate Duke course.
- May not duplicate available course offerings in the semester or summer term in which the independent study is being taken.

Meeting schedule:

- Student effort 10 hours per week.
- Student and instructor meet at least once every two weeks during fall and spring terms (one meeting per week during summer terms)

Final product:

- The student will produce a final academic and/or artistic product to be completed during the semester for which the student is registered for the course.

Grading:

- The instructor will evaluate the work, the final project, and submit a grade by the end of the semester.

Student Responsibilities Checklist:

_____ Meet with a faculty member having expertise in the desired area. The student and instructor discuss the course title, plan of study, objectives and expectations, as well as the nature of the final product and evaluation criteria.

_____ All necessary signatures are added to form electronically.

_____ **The student submits the form with all signatures to AAHVS Director of Undergraduate Studies Assistant Karen Johndro (karen.johndro@duke.edu) by 5:00 PM on the last day of registration for the term in which the independent study is to be taken.** Review the Office of the University Registrar's Academic Calendar for the exact date.

Once approved, a permission number is provided by the DUSA to the student. It is used to register for the course by the last Monday on the last week of the drop/add period. If the student does not receive the permission number within 48 hours of form submission, they must contact the DUSA.

_____ **The student must register using the permission number before the final drop/add deadline.** Review the Office of the University Registrar's Academic Calendar for the exact date.

¹ For policies and procedures related to independent study in Study Abroad programs, see Duke Abroad Handbook.

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REQUEST FORM

AAHVS Office Only:

Assigned Course #: _____ Term: _____ CLSS Submitted: _____

Permission #: _____ Student Notified: _____

To the student: Please **read the attached policies and procedures**, and consult with your instructor / supervising faculty member about course title, description, requirements and expectations. This form must be approved and signed by the instructor, supervising faculty member (if different from instructor), and the Director of Graduate Studies or Certificate Program Director. Then it should be scanned and submitted via email to the Director of Undergraduate Studies Assistant **by noon on the last day of the registration period**. **Late forms will not be considered.**

Student Name: _____ Date _____

Email: _____ Unique ID: _____

Graduation Term/Year: _____ Graduation with Distinction: Yes No
(GWD application deadline is the end of registration for Spring term of senior year)

Program: _____

Study Term / Year: _____

Type of Study: Independent Study Research/Lab Practicum Thesis

Course Subject: ARTHIST ARTSVIS VMS HCVIS CMAC CINE

Independent Study Level: 600 700

Title of Independent Study: _____
(to be listed on transcript; **limit 30 characters, including spaces**)

Instructor: _____

Instructor Affiliation: _____

Supervising Faculty Member (If different from Instructor): _____

Supervising Faculty Member Affiliation: _____

On the following page (or attached sheet), please provide the following information:

1. Title and Description of Proposed Study:

Provide a one to two paragraph description of the proposed study, including topic, course goals, research / readings to be conducted. (The instructor and/or department or program may require a more detailed proposal, including a list of sources and bibliography, a rationale for independent study as opposed to regular course work,

etc.)

2. Nature of the Final Product:

Describe the nature and length of the final product (e.g. academic paper, artistic product, research report, etc.)

3. Scheduled Meetings and Work Expectations:

Provide information on frequency and length of meetings with instructor, and expected work commitments and/or timetables:

4. Grade to be based on:

Provide information on how your work in the course is to be evaluated.

Description of Independent Study; Final Product; Scheduled Meetings and Work Expectations; Grade Basis continued:

Signature of Student _____ Date _____

Approval Signatures: *Please read attached policies and procedures on independent studies before signing*

Instructor (print) _____ Signature _____ Date _____

Supervising Faculty (print) _____ Date _____
(Required if different from Instructor) Signature _____

Director of Graduate Program (print) _____ Signature _____ Date _____