

INDEPENDENT STUDIES POLICIES AND PROCEDURES

- An Independent Study is an opportunity for qualified WCHP graduate students to earn up to 6 credit hours by developing, in consultation with the student's advisor and a qualified instructor, a meaningful study experience that does not duplicate a course offered by the University of New England.
- Registration deadlines for Independent Studies follow the add/drop dates and policies published in the University Calendar.
- Independent studies may have financial implications for students in certain programs and are eligible to receive federal financial aid. Please reach out to Student Financial Services for any questions regarding your bill or aid.

STUDENT INFORMATION

Last Name: _____ First Name: _____ PRN: _____

Email Address: _____ Earned Hours: _____ Campus: Biddeford Portland

SECTION I: QUALIFICATIONS**To qualify for an Independent Study, the student must meet the following conditions:**

- The WCHP graduate student has completed at least 1 semester of their program curriculum
- The student is in good academic standing and meets program requirements for participation.
- The student has consulted with his/her advisor and proposed instructor
- The student/instructor has attached a detailed, approved proposal for the Independent Study.
(See attached proposal template)
- The form with the attached, approved proposal must be received by the Registrar's Office no later than 2 weeks prior to the term in which the Independent Study is to be done.

SECTION II: COURSE INFORMATION

Course Subject (ex. BIO): _____ Course Number (ex. 397): _____

Course Title: _____ Grading: Pass/Fail Letter Grade Credits: _____

Semester (Fall, Spring, Summer): _____ Year: _____

Faculty/Instructor - Last Name: _____ First Name: _____ PRN: _____

SECTION III: APPROVAL (Font signature NOT accepted)

Student's Signature: _____ Date: _____

Advisor's Signature: _____ Date: _____
(Approves attached proposal and verifies that the above conditions have been met)Faculty/Instructor Sponsor's Signature: _____ Date: _____
(Indicates willingness to teach the proposed Directed Study Course)Academic/Program Director's Signature: _____ Date: _____
(Approves instructor and authorizes the Registrar's Office to create the proposed Directed Study Course)

Academic Dean's Signature: _____ Date: _____

WCHP Graduate Student Independent Study Proposal Template
(To be student-driven)

Proposed Independent Study Course Title	
Specialized Topic	
Purpose Statement	
Number of credit hours (1 to 6)	
Instructor	
Meeting schedule	
Learning Outcomes	
Methods of Evaluation	
Assessment of Student Performance (Letter Grade or Pass/Fail)	
Course content (Topic Outline)	