

## INDEPENDENT STUDY APPROVAL FORM

An **independent study** is equivalent to a semester-long course. Therefore, we expect students to spend the equivalent of approximately 130 - 180 hours engaged in academic work. Use this form for an independent study supervised by a Hampshire College faculty member. Submit the form to the Central Records Office before the end of the relevant preregistration or add/drop period.

This form is **not** to be used for the following:

- Work supervised by Five College faculty: Submit your request on TheHub, recorded as Five College course.
- Music performance/private lessons: Obtain music performance form from CR or the CR webpage.

*Note: If your primary activity is attending an existing class, you must sign up for the class on TheHub*

**Student Name:** \_\_\_\_\_ **Term of Entry:** \_\_\_\_\_

*(Please Print)*

**Email:** \_\_\_\_\_ **Term of Independent Study:** \_\_\_\_\_

**Level: (to fulfill distribution circle 100 level)**

**100          200          300**

*(Circle One)*

**School of Faculty Supervisor: CS / CSI / HACU / IA / NS**

*(Circle One)*

**Independent Study Title:** \_\_\_\_\_

*(Please print clearly. This title will appear on your official transcript)*

**Description of Independent Study Project:** Briefly describe your project, how often you will meet with your faculty supervisor, and the expected end product. Use the reverse side or attach a separate document if needed.

**Faculty Supervisor (print name):** \_\_\_\_\_

**Faculty Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Advisor's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**If you are using this independent study to satisfy a Division I distribution, please check-mark which one below.**

\_\_\_\_ADM      \_\_\_\_CHL      \_\_\_\_MBI      \_\_\_\_PBS      \_\_\_\_PCSJ