**INDEPENDENT STUDY APPROVAL FORM**

An **independent study** is equivalent to a semester-long course. We therefore expect students to spend the equivalent of approximately 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. It will be recorded as Five College course.
* Music performance/private lessons: Submit your request on TheHub.
* If your primary activity is attending an existing class, you must sign up for the class on TheHub.

**Student Name (print):** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **ID #:** \_\_\_\_\_\_\_\_\_\_\_\_\_

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

**Level:** □ 100 □ 200 □ 300 Check if using as **Division III Advanced Educational Activity**: □

Check appropriate box if using to fulfill **Division I distribution area**:

□ ADM □ CHL □ MBI □ PBS □ PCSJ

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

**Independent Study Title:** Limit of 50 characters (including spaces) due to appearance on transcript.

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**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.

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| **Faculty Supervisor (print name):** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Faculty Signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Advisor Signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_ |