

Mills College – M Center – Academic Records Independent Study Form

1. Independent study courses are offered for a maximum of 1 credit.
2. First-year students are not eligible to enroll in an independent study.
3. An independent study may not be used to fulfill General Education requirements.
4. This form cannot be processed if it results in an academic overload that has not already been approved by the Academic Standing Committee (see catalog for maximum course loads).
5. The courses are officially numbered 095 for sophomores, 195 for juniors and seniors, 295 for certificate and graduate students at the master's level, or 495 for graduate students at the doctoral level.
6. A \$1500 non-refundable administrative fee is charged for all summer independent studies.

SECTION I

Name: _____
Last
First
M.I.

Mills ID: _____ Term/Year: _____

SECTION II

To show proven ability and extensive background in subject of study, list relevant courses, with grades and instructors' names:

Dept	Number	Title	Grade	Instructor
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

SECTION III

List the dept, course number, title, and number of credits for the proposed Independent Study.

CRN <small>(OFFICE USE ONLY)</small>	Dept	Number	Title <small>(Limit 20 characters; will be abbreviated if necessary)</small>	Credit	<input type="checkbox"/> Grade <input type="checkbox"/> P/NP
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A course description noting the scope of proposed study, including the aim of the project and material/technique to be used:

SECTION IV

Faculty: If this independent study is related to a course that **utilizes Blackboard** and is offered the same semester, the two courses must be cross-listed. Please list the CRN, dept., section and title of the course with which the independent study should be cross-listed, below:

CRN	Dept	Number	Section	Title
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SECTION V

Please obtain the signatures listed below.

Student Signature: _____ Date: _____

Major Advisor Signature: _____ Printed Name: _____

Faculty Supervisor Signature: _____ Printed Name: _____

Department Head Signature*: _____ Printed Name: _____

* The study outlined above has been discussed in this department, approved, and assigned to the faculty member whose signature appears above.

M Center Use Only: Processed by: _____ Date: _____ SSASECT SFAREGS XL: _____ Notes: _____