Independent Study Authorization

Return to: Office of the Registrar, Unit 4077
Wilbur Cross Building, 233 Glenbrook Road
Storrs, Connecticut 06269-4077

Student Name____________________________________________ Student ID: □□□□□□□□□□

Subject area: ________________ Catalog No: __________ Section: _________ Class No: □□□□□□□□

Maximum units authorized by instructor: □□

Note: Instructor can report number of units actually earned, which may be fewer than, but not exceed, maximum authorized here in writing.

Year: 2 0 □□ Fall □ Inter session □ Spring □ May Term □ Summer Session I, II, IV

Name of Project to appear on Transcript (please print clearly): _______________________________________________________________

Authorization cannot be processed unless all signatures have been obtained.

Advisor: ____________________________ Date: _______

Instructor: ____________________________ Date: _______

Dept. Head: ____________________________ Date: _______

Dean (if applicable): ____________________________ Date: _______

Students wishing to study a subject independently, for credit, must find an instructor to supervise the project. The instructor and the student then agree on the number of credits the student may earn. The student must complete an Independent Study Form, have it signed, and deliver it to the Registrar.

Without special permission, students may not register for or earn toward the degree more than six credits each semester in any one or combination of independent study, special topics, and variable topics courses. To increase this limit, students must consult with their advisor and get the permission of their academic dean.
Animal Science Independent Study Syllabus

Student Name: ___________________________  Instructor: ___________________________
ANSC or SAAS Course Number: ___________________________
Semester (Fall/Winter/Spring/Summer): ___________ Year: ______

1. a. Proposed title of the project:

   b. Briefly describe learning objectives, duties, responsibilities:

   c. Expected outcomes and minimum requirement to achieve a satisfactory grade:

2. a. On average, number of hours per week student will dedicate to the project: _____

   b. Number of course credits student will receive: _____

   c. Expected start date and end date of independent study ____________:

Instructor and student should each keep a copy of the completed syllabus. This form should then be attached to the completed university Independent Study Authorization Form and submitted for signatures.

1. Student Signature: ___________________________ Date: _____________
2. Instructor Signature: ___________________________ Date: _____________
3. Advisor Signature: ___________________________ Date: _____________

   Please obtain signatures #1-3 above before this form is submitted to the Department Head for signature.

4. Department Head Signature: ___________________________ Date: _____________

Revised 04/1/2015
CANR/Ansci/Adm/Academic/FORMS