Lewis & Clark College
Graduate School of Education and Counseling

Graduate Registrar's Office
615 S Palatine Hill Road, MSC 90
Portland, Oregon 97219-7899
Phone: 503-768-6030
Email: **gradreg@lclark.edu**

Application for Independent Study

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- This form must be submitted to the department office at least one week prior to the last day to register for classes during the semester in which the Independent Study is scheduled.
- Graduate programs may have varying limitations regarding how many courses or credits of independent study can be applied to program requirements. Refer to the graduate school catalog or your advisor for more information.

Student Information:

First name _____ Last name _____ Date _____

LC ID # _____ LC Email Address _____

Course information:

Select one:

☐ Degree Applicable Independent Study Course

☐ Continuing Ed Independent Study Course (non-degree applicable credit)

Course subject *(ex: AT)*: _____ **Course number (select one):** ☐ **599** ☐ **699** ☐ **799**

Title of Independent Study: _____

Start term *(ex: Spring 2024)*: _____ **Course start date:** _____ **Course end date:** _____

 # Credits: _____ **Grading format (select one):** ☐ **CR/NC** ☐ **Letter** **Per credit tuition:** _____

☐ **This independent study course will replace the following course in the student's program:**

Course subject *(ex: AT)*: _____ **Course number** *(ex: 510)*: _____ **Course title** *(ex: Intro to Art Therapy)*: _____

Required approvals:

Faculty Advisor signature: _____ **Date:** _____
**Form can be sent from LC email address in lieu of signature*

Instructor signature: _____ **Date:** _____
**Form can be sent from LC email address in lieu of signature*

Department Chair signature: _____ **Date:** _____
**Form can be sent from LC email address in lieu of signature*

form continues on page 2

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1. **On a separate sheet, please outline your proposed Independent Study project. Include goals, reference materials (if known), and measure of intended outcome.**

2. **Justification for request of Independent Study (why do you want to do this independent study?):**

3. **Suggested Student/Instructor meeting dates and times:**

4. **Method of evaluation:**

5. Bibliography:

5. **Final paper or product must be given to instructor no later than the last day of the semester when credit is requested, unless otherwise agreed upon.**

Please return completed form to the Graduate Registrar's Office.