

**INDEPENDENT/DIRECTED  
STUDY REQUEST**

Independent, or directed, study courses provide students with the opportunity to work with a faculty member on a substantive and meaningful project that is designed to support individual professional goals in the graduate program. Consult with a faculty member with whom you have a shared interest and rapport to formalize your plan or contact your academic advisor or program administrator for assistance in identifying a professor to supervise your study. Independent, or directed, study proposals must be developed in concert with a supervising faculty member. Proposals need to be specific in intent and substantive in nature. Course units must meet the Academic Credit policy outlined in the Academic Policies section of the GSEP Academic Catalog.

Independent/directed study courses are not available in the online psychology programs. Students in programs requiring additional approval by the state for clinical licensure or teaching credential should contact their respective state department for acceptance of the independent/directed study course. Pepperdine is not responsible for independent/directed study course denials issued by the state.

The following information is required to review your independent/directed study request.

Student Name: \_\_\_\_\_ CWID#: \_\_\_\_\_

Academic Program: \_\_\_\_\_ Proposed Title/Topic of study: \_\_\_\_\_

Proposed Course Units: \_\_\_\_\_ Requested Term: \_\_\_\_\_ Supervising Faculty: \_\_\_\_\_

In the space below, thoroughly describe the purpose of the study and how it supports your professional goals in your program. Include specific objectives, desired outcomes, method of study, activities, approximate timeline and manner in which the study will be shared/presented.

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Student Name: \_\_\_\_\_

CWID#: \_\_\_\_\_

*The proposal outlined above is meant to establish a clear understanding of course expectations, conditions and assignments. Completion of this form represents an agreement between student and faculty regarding the completion of the study. Additional information may be required. Return the completed form to your academic advisor. If your independent/directed study request is approved, your expected graduation date and financial aid may be adjusted. By signing below, I acknowledge that I understand the statements provided above.*

I am in a program that requires additional approval by the state, and I have contacted my respective state department to confirm this independent/directed study course will be approved for licensure/credential.

Student Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**FOR OFFICE USE ONLY**

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*Faculty instructions: Indicate approved title of study to appear on transcript, course unit load and term for course:*

\_\_\_\_\_

Supervising Faculty Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Request:     APPROVED     DENIED    Course number: \_\_\_\_\_

Associate Dean Signature: \_\_\_\_\_

Date: \_\_\_\_\_

GSEP Registration: \_\_\_\_\_

Date: \_\_\_\_\_