Petition for Two-Unit Independent Study

Student Name: ________________________  CWID: ________________________________

☐ 2L  ☐ 3L    Current Cumulative GPA: __________

School year and semester study proposed for: ________________________________________

Supervising Faculty Member: ____________________________________________________

Final paper to be submitted no later than: ___________________________________________

Prior to submission of this petition to the faculty member for approval, attach both:

1. A statement of why you want to undertake the proposed independent study.
2. A detailed outline of the proposed study.

Please refer to the Academic Policy, section 7, for additional information on Independent Studies.

___________________________________________  ___________________________
Student’s Signature        Date

___________________________________________  ___________________________
Approval, Supervising Faculty Member     Date

Please note this petition does not enroll you in the 2 unit Independent Study course. Please return this completed form to the Dean’s Suite to receive approval. Upon approval, you will be registered by the Office of Student Information and Services.

___________________________________________  ___________________________
Approval, Academic Dean        Date

___________________________________________  ___________________________
Received by           Date

Action by the Office of Student Information & Services:

___________________________________________  ___________________________
Processed by           Date