

Student Name _____

Student ID _____

Application for Independent Study/Research

Office of the Registrar, 1 West Firestorm Way, Glendale, Arizona 85306

Academic Year: _____ Semester: Fall Spring Summer Winter (JTerm)

Course Information:

Course Number (required) _____ Course Title (Topic) _____ Credits _____

Independent Study/Research fee: Require _____ Waive _____ (Faculty initials) Hosted in Canvas Populi

Substitution for Degree-required Course: _____ Approved Not Approved _____ Dept Chair initials

REGISTRATION REQUIREMENTS:

1. The student must complete this **Application for Independent Study/Research** including the Project Outline and Timetable below. Incomplete forms will be returned.
3. Faculty, Department Chair, and Academic Dean approval and signatures are required.
4. Students must complete a minimum of 13 hours (maximum of 40) for each credit hour.
5. Students will be expected to have in-person, phone, or email contact with instructor once a week during the course.
6. Additional Independent Study/Research fee applies. **Refer to ACU Tuition and Fees Schedule.**
7. This course may be repeated for a maximum of 6 credits only.
8. **Completed and fully signed Independent Study Applications must be submitted to your EMS no later than 5:00 pm on the last day of registration as published in the ACU Academic Calendar.**

Title of Project: _____

Project Outline and Timetable: (Attach additional pages if required)

REQUIRED SIGNATURES:

I acknowledge that the charge for this course will be tuition plus the Independent Study/Research fee, for the amount defined in the ACU Tuition and Fees Schedule.

Print Student Name _____ Student Signature _____ Date _____

Print Faculty Name _____ Faculty Signature _____ Date _____

Print Department Chair Name _____ Department Chair Signature _____ Date _____

Academic Dean: Approved Not Approved

Print Dean of Academic Affairs Name _____ Dean of Academic Affairs Signature _____ Date _____