

The University of Findlay
Independent/Directed Study Form

To Be Completed by the Student

Printed Name

ID#

I wish to take the course below as a (check one) Independent Study (course is not offered on the current schedule) or Directed Study (course conflicts with another registered course). I am aware that I will be charged tuition plus an additional fee for this course. I UNDERSTAND THAT IF I DROP THIS COURSE, THE ASSOCIATED REFUND POLICY FOR THE SESSION IN WHICH I TAKE THIS CLASS WILL APPLY, UNLESS THE APPLICATION WAS SIGNED BY THE DEAN AFTER THE START OF THE SESSION. IN THAT CASE, I UNDERSTAND THAT I WILL RECEIVE NO REFUND OF TUITION OR ADDITIONAL FEE(S) IF I DROP TWO WEEKS OR MORE AFTER THE DEAN HAS SIGNED THE FORM. I further understand that I must complete the Financial Responsibility Statement for the term in which I wish to take this course.

Course Number

Title

Term/Year

Number of Hours

Student Signature

Date

To Be Completed by the Instructor

A syllabus **MUST** be attached to this form. A completed and signed Student Learning Outcome Time Expectation Form also **MUST** be attached to this form unless one is currently on file in the Office of the Registrar.

Printed Instructor Name

Instructor Signature

Date

WAIVE FEE: Sign here to waive the Independent/Directed Study Fee _____

Review and Approval

Academic Adviser Signature/Date

Area Director Signature/Date

College Dean Signature/Date

Registrar's Office

Date Received _____

Date Processed _____