



NHTI-Concord's Community College Request for an Independent Study

The intention of Independent Study is to expand a student's learning experience beyond the normal program curriculum. Therefore, an Independent Study cannot be taken in lieu of any course existing in any of NHTI's catalogs. Students wishing to pursue existing NHTI courses on an independent basis should consult the NHTI policy on Directed Study. Students wishing to take advantage of an Independent Study opportunity must consult with a supervising faculty member to prepare a proposal detailing the specific learning outcome(s) to be pursued, the specific learning activities that will occur, and the specific forms of assessment and evaluation that will be used to determine the final grade. In addition, the proposal should indicate the number of credits requested for the Independent Study (usually 1-2 credits).

PART I: STUDENT INFORMATION (Completed by the student in blue or black ink)

Today's Date		Projected Graduation Date	
Student ID #		Current Program/Major	
First Name		Last Name	
Phone #		CCSNH Email	

To be eligible for an Independent Study you must meet all of the below areas. If you do not, you are not eligible. Initial the criteria you meet below.

- _____ I am matriculated in a program;
- _____ I have a minimum GPA of 2.0;
- _____ I understand that approval of this Independent Study is contingent upon obtaining an appropriate Supervising Faculty Member.

Please **explain in detail** your reason for the Independent Study. Attach additional information if needed.

PART II: INDEPENDENT STUDY COURSE INFORMATION (Completed by the NHTI Supervising Faculty Member)

- A syllabus of this course is attached to this request
- A proposal detailing the specific learning outcome(s) to be pursued, the specific learning activities that will occur, and the specific forms of assessment and evaluation that will be used to determine the final grade is attached to this request.

Course # <small>(assigned by Registrar)</small>		Course Title	
Credits <small>(assigned by Registrar)</small>		Class Format <small>(day, evening, or online)</small>	
Semester of Independent Study		Year of Independent Study	
Supervising Faculty Member			

PART III: REQUIRED SIGNATURES

My Department Chair and I have reviewed the appropriateness of this request. I understand that I will be issued a letter grade which will be included in calculating my cumulative GPA. I agree that by registering for courses within the Community College System of New Hampshire (CCSNH), I am financially obligated for ALL costs related to the registered course(s). Upon a drop or withdrawal, I agree that I will be responsible for all charges as noted in the student catalog and handbook. I further understand that if I do not make payment in full, my account may be reported to the credit bureau and/or turned over to an outside collection agency. I also agree to pay for the fees of any collection agency, which may be based on a percentage of the debt up to a maximum of 35%, and all additional costs and expenses, including any protested check fees, court filing costs and reasonable attorney's fees, which will add significant costs to my account balance.

	<u>Signature</u>	<u>Date</u>
Student	_____	_____
Student's Department Chair	_____	_____
Supervising Professor	_____	_____
Dept. Chair of Supervising Professor	_____	_____
Vice President of Academic Affairs	_____	_____

FOR INTERNAL USE ONLY

Academic Affairs	Verified Academic Criteria: _____	Date: _____	
Registrar's	Entered in Banner by: _____	ROASECT _____	Date: _____