The University of Texas at San Antonio™

OFFICE OF THE REGISTRAR

INDEPENDENT STUDY COURSE FORM

(Approvals to be obtained prior to Registration)

Completed and approved form should be taken to the One Stop Enrollment Center for processing. Student must present valid photo ID at the One Stop Enrollment Center at time of processing. Effective date of this request is the date it is processed at the One Stop Enrollment Center.

Term: ◯Fall ◯Spring ◯Summer **Year:** _____ **myUTSA ID:** _____

Student's First Name: _____ **Middle:** _____ **Last:** _____

Telephone Number: _____ **Preferred Email Address:** _____

CRN: _____ **Subject:** _____ **Course #:** _____ **Section #:** _____

Will any of the work listed below be carried out in a laboratory? ◯Yes ◯No

Instructor's Name (printed): _____

This request for an Independent Study is due to the lack of an available organized course in this topic: ◯Yes ◯No*

*If No, Provide a justification of how the work and topics covered in the independent study are different then an organized course:

A syllabus is required to be created by the faculty member and attached to this form. The syllabus must include the following items:

- the course number and name
- the instructor's name and contact information (including email address)
- the instructor's official office hours and location
- a description of the topics to be covered
- a list of deliverables and due dates of deliverables (assignments)
- grade breakdown based on deliverables
- frequency and duration of meetings with instructor (contact hours)
- the course policies the instructor wishes to impose, such as participation, expectations, late assignment policies, *etc*.
- the Common Syllabus Information link: http://provost.utsa.edu/syllabus.asp.

NOTE: No more than 6 hours of Independent Study may be applied to any UTSA degree.

With a few exceptions, you are entitled on your request to be informed about the information U.T. San Antonio collects about you. Under Sections 552.021 and 552.023 of the Texas Government Code, you are entitled to receive and review this information. Under Section 559.004 of the Texas Government Code, you are entitled to have U.T. San Antonio correct information about you that is held by us and that is incorrect, in accordance with the procedures set forth in the University of Texas System Business Procedures Memorandum 32.

SIGNATURES:

_____/_____ Date: _____
Student (signature) print name

INSTRUCTOR: your signature below indicates your agreement with student's responses regarding laboratory requirements for this course.

_____/_____ Date: _____
Instructor (signature) print name

_____/_____ Date: _____
Graduate Advisor (signature)* print name

_____/_____ Date: _____
Department Chair (signature) print name

_____/_____ Date: _____
Dean's Office (signature) print name

*Graduate Advisor signature not needed for undergraduate students.

This form is available at utsa.edu/registrar/forms.html