



OFFICE OF REGISTRAR
5000 DEER PARK DRIVE SE, SALEM, OREGON 97317-9392
503.375.7017 | 503.585.4316 fax

PETITION FOR INDEPENDENT STUDY

(See guidelines and directions on the reverse side of this form)

Student's Printed Name: _____ ID#: _____ Date: _____

I am requesting to take the following course as an independent study: _____

Course Number _____ Course Title _____ # of Credits requested _____

Cumulative GPA: _____ Total independent study credits earned to date from all institutions: _____

Please mark semester in which independent study will occur: Fall Spring Summer 20

Type or print your rationale for undertaking this study here. Please address the criteria listed on the **Independent Study Guidelines** accompanying this form when writing the rationale (attach separate sheet if necessary):

Student's Signature: _____ Date: _____

I have attached the syllabus which includes the items listed on the reverse side of this form (see item IV. Procedure)

Instructor's Signature: _____ Date: _____

Instructor's Printed Name: _____

I have completed and attached a course substitution form to this petition if this study is designed to replace a general education or major course requirement.

Academic Advisor's Signature: _____ Date: _____

Advisor's Printed Name: _____

Department Chair's Signature: _____ Date: _____

Department Chair's Printed Name: _____

Approved Rejected

Registrar's Signature: _____ Date Received in Office _____

Date added to student schedule: _____ Payment: _____ Date: _____