

The purpose of this form is to request a Directed Independent Study Course (please refer to the current NewSchool Academic Catalog for policies regard Directed Independent Studies). Please indicate below the reason(s) for applying for a Directed Independent Study Course. This form must be completed, signed by your instructor and program chair, and submitted to the Registrar's Office. All supporting documentation must be attached to this request form. Once the form is processed, the student will receive an email notification to his/her NewSchool email address.

*Please print using blue/black ink or type.*

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Student ID \_\_\_\_\_ Program \_\_\_\_\_

Email \_\_\_\_\_ Phone \_\_\_\_\_

Directed Independent Study Term/Year \_\_\_\_\_

Course Name \_\_\_\_\_ Instructor \_\_\_\_\_

Number of Credits \_\_\_\_\_

Objectives/Outcomes \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

By signing this form, I have agreed to the terms for the proposed Directed Independent Study Course as prescribed by the instructor. By signing this agreement, student and instructor agree to all terms stated above.

**Student Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Instructor Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Program Chair**

Name \_\_\_\_\_

Approved       Denied

Additional Comments \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Chair's Signature \_\_\_\_\_ Date \_\_\_\_\_

**STUDENT MUST SUBMIT COMPLETED FORM TO THE REGISTRAR'S OFFICE.**

[registrar@newschoolarch.edu](mailto:registrar@newschoolarch.edu)