



Special Problems Waiver

Prefix (as indicated by concentration) \_\_\_\_\_ circle one: 4980 / 6980 / 8980

CRN: \_\_\_\_\_

Application/Contract for Independent Studies initiated by the student, courses 4980 (undergraduate) and 6980/8980 (graduate) are intended to provide serious and determined students an opportunity to explore an area of study that is not readily available through regular course offerings. Students who are permitted to enroll in these classes are expected to work independently but under the guidance of the instructor. Students must have demonstrated serious and mature involvement within their prospective major concentrations, and must be capable of the work at hand in an organized manner. Approval by the instructor is necessary in order to enroll in an independent study course. Not more than six (6) hours of credit in an independent study course may be applied to the degree. Responsibility for developing course criteria lies with the student and instructor. To ensure that all of the requirements are understood and met, this form must be completed 2 weeks prior to registration for the affected semester. This form is archived and shared with the instructor and the student electronically. Incomplete forms will NOT be processed.

Semester/Year \_\_\_\_\_ Print name of Instructor \_\_\_\_\_

Plan of study, course objective, syllabus — required, (attach additional documentation if necessary):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Frequency of instructor meetings: \_\_\_\_\_

Tangible outcome of this course (portfolio, oral presentation, written paper, etc.):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Basis of evaluation for grade (exam,etc.) Student should clearly understand the grading criteria:

\_\_\_\_\_  
\_\_\_\_\_

Location where the course work is to occur: \_\_\_\_\_

Does this course satisfy a degree requirement circle one: yes / no If so, which requirement?

\_\_\_\_\_

Print Student Name \_\_\_\_\_ Panther ID#: \_\_\_\_\_

Student email: \_\_\_\_\_@student.gsu.edu Degree: \_\_\_\_\_

Instructor signature: \_\_\_\_\_ Date: \_\_\_\_\_

RETURN COMPLETED FORM TO ART OFFICE ROOM 117 (ANN ENGLAND) FOR REGISTRATION PROCESSING