

Independent Study Application Form

This form should be filled out by a student wishing to do an independent study in the Fairfield University Mathematics Graduate Program towards his/her degree. A student may take up to two independent studies, provided that the student has completed at least three courses towards their degree, at least two of which were taken within the program, and that the course does not substantially duplicate an existing course unless there are compelling reasons why the student could not take that course. An independent study may only count as one of the four core courses if all the content is covered and it is positively demonstrated that the rigor, workload and standards are at least the same as in the corresponding core course. The student should complete this form, attach all necessary documentation of the proposed independent study, and submit it to the departmental secretary at least two weeks before the start of the relevant semester.

To be completed by the student:

1. Name of Student _____

2. Name of Instructor _____

3. Semester/ Year _____
(when the course will be taken)

4. Name of Second Reader _____

5. Total Independent Study Credits Student has Received Prior _____
(each course is 3 credits, so it should be 0 or 3)

6. Number of Courses Student Has Completed in Ffld Grad Program _____

7. Please attach a syllabus for this course, and a description of the assessments to be used in this course.
(For example, three problem sets with substantial proofs, counting equally towards final grade.)

8. If you are requesting credit from this course for MA 435, 436, 471 or 472, which one? _____

(over)

9. If the material overlaps substantially with an existing elective in the program, which one? _____

10. If you are requesting credit for a core course or your independent study substantially overlaps with an elective, attach an explanation of why you cannot take the regularly scheduled course.

Student Signature _____ Date _____

Instructor Signature _____ Date _____

Second Reader Sig. _____ Date _____

(the student should submit this signed form and attached documentation to the department secretary.)

Department Secretary, please obtain the following signatures, then send copies of the completed form to the Dean's office and the requesting student and file a copy.

Received by the Department of Mathematics on _____

Approved Grad. Program Dir. _____ Date _____

Approved Department Chair _____ Date _____

Approved Steer. Com. Chair _____ Date _____

(If one of above is the proposed instructor, another member of Steering Committee should sign)
