

Independent Study Course Form

Approvals to be obtained prior to Registration

How to Submit Form: Submit completed form through the [Document Uploader](#) for processing.

- **Fields to select on the Document Uploader:** Department: *Registrar*; Term: *Select Applicable Term*; Category: *Registration Forms*; Document: *Independent Study Course Form*

Term: Spring Summer Fall Year _____

First Name: _____ Middle: _____ Last: _____

myUTSA ID: _____ Phone: _____ Preferred Email: _____

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 than 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: 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.

UTSA OFFICE USE ONLY:

Date: _____ Received By: _____ Processed By: _____

myUTSA ID: _____ Student's First Name: _____ Last: _____



SIGNATURES 

Student: _____ print name: _____ Date: _____

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

Instructor: _____ print name: _____ Date: _____

Graduate Advisor*: _____ print name: _____ Date: _____

Department Chair: _____ print name: _____ Date: _____

Dean's Office: _____ print name: _____ Date: _____

** Graduate Advisor signature not needed for undergraduate students.*

 **UTSA OFFICE USE ONLY:** 