

Independent Study

Student Name: _____ GWID: G _____
 GWE-mail: _____@gwmail.gwu.edu Class Year: _____
 GWSB Advisor: _____ Spring Summer Fall Year: _____
 Degree: BAccy BBA BS Concentration(s)/Major(s): _____
DEPT: ACCY BADM DNSC FINA IBUS ISTM MGT MKTG SMPP TSTD
Credits: 1 3 **Grade Mode:** Letter Grade Pass / No Pass (3 Credits must be taken for letter grade)

Independent Study Information

- An Independent Study provides students with an opportunity to undertake research in an area of particular interest under the direction of a School of Business faculty member. Students may earn 1 to 3 credits for the Independent Study.
- The course work, required reading, and research paper requirements are at the discretion of the faculty member.
- Independent Study with an Internship
 - An internship may be taken in conjunction with the Independent Study.
 - The faculty member will determine the minimum hours required at the internship organization each week.
 - While the Internship is completed in conjunction with an Independent Study, credit is **not** granted for the internship experience solely and the student must complete academic work as required for an Independent Study.

Independent Study Guidelines

Please describe the nature of the Independent Study below, you may attach a separate sheet if additional space is needed.

Student Signature and Date: _____
I understand the requirements of the Independent Study

Faculty Name and Department: _____ **Email:** _____
(Must be Full-Time Faculty Member) (Please Print)

Faculty Signature and Date: _____

Approval by the Department Chair is required based on the department indicated above:

Signature and Date: _____ **Email:** _____

Advisor Signature and Date: _____

REGISTRATION TRANSACTION FORM CLASSIC

This form must be submitted to your academic advisor or program office for approval.

Semester	Year
<input type="checkbox"/> Fall	_____
<input type="checkbox"/> Spring	_____
<input type="checkbox"/> Summer	_____

GWid	LAST NAME	FIRST NAME	EMAIL ADDRESS

ADD

CRN	SUBJECT	COURSE	SECTION	CREDITS	LEVEL	TITLE	GRADE MODE*	INSTRUCTOR SIGNATURE

DROP or WITHDRAW (please circle one)

CRN	SUBJECT	COURSE NUMBER	SECTION	CREDITS	TITLE

TIME CONFLICT APPROVAL
<input type="checkbox"/> YES <input type="checkbox"/> NO

REPEAT COURSE FOR CREDIT
<input type="checkbox"/> YES <input type="checkbox"/> NO

***GRADE MODE OPTIONS:**
 A= AUDIT
 C= LETTER GRADE
 P= PASS/NO PASS (undergraduates only)
 R= CREDIT/NO CREDIT (graduates only)

STUDENT LEVEL
<input type="checkbox"/> UNDERGRADUATE <input type="checkbox"/> GRADUATE <input type="checkbox"/> OTHER _____

I request the above action be performed.

Student Signature _____ Date _____

AUTHORIZED SCHOOL OFFICIAL USE ONLY
<input type="checkbox"/> Prior to start of the semester OR Effective Date: ____/____/____
Signature: _____ Today's Date: _____