



Registrar's Office
 San Francisco State University
 1600 Holloway Avenue
 San Francisco, CA 94132
 Phone: (415)338-2350
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PETITION FOR COURSE BY INDEPENDENT STUDY (699/899)

ELIGIBILITY: Students who have demonstrated the ability to work independently, have a cumulative grade point average of at least 3.0 (undergraduate) or 3.25 (graduate) and have the approval of their advisor, an instructor for the course, and the department chair. Credit for Independent Study is given only for courses not included in the University's curriculum as published in the Bulletin or Class Schedule.

CREDIT HOUR EXPECTATION: One unit of independent study corresponds to no less than 150 minutes of academic work per week for 15 weeks or equivalent amount of work over a different time period.

PROCEDURES: Prepare a draft of the material required for the SUMMARY and make an appointment to speak with your advisor and 699/899 instructor for the initial review and approval. If approved, forward this petition to the department chair for final review and approval. If final approval is given, obtain an add permit number from the department and submit this form to the Registrar's Office at the One Stop Student Service Center.

Last Name: First Name: SF State ID:
 Email: Phone:

In accordance with University regulations as stated in the General Bulletin, I petition to take the following course during Semester for Units by Independent Study:
 Department Course Number Course Title
 Current GPA Status: Undergraduate Graduate Last semester Attended

Student Signature: Date:
 Print Name:

SUMMARY OF COURSE OBJECTIVE (I), METHODS (II), AND EVALUATIONS PROCEDURES (III)

I. Skills, knowledge, competency or other learning objectives agreed upon by the student and instructor.

II. How the objectives will be achieved (e.g. reading, interviewing, consultation with instructor, etc.). Establish how often student will meet with instructor.

III. How the student's learning will be evaluated by the instructor for grading purposes (e.g. written work, oral examinations, other).

REVIEWED AND APPROVED BY:

 INSTRUCTOR NAME / DATE

 INSTRUCTOR SIGNATURE / DATE

 CHAIR SIGNATURE / DATE