



Pre-Registration for Independent/Directed Study

Office of Advising & Registration
4th Floor, Dewar Union
Hartwick College
Oneonta, NY 13820
Tel: 607-431-4460; Fax: 607-431-4260

Name: _____ ID No.: _____
Advisor: _____ Major: _____
Date Form Submitted: _____ Graduation Year: _____

MUST BE SUBMITTED BEFORE THE TERM BEGINS

NOTE: It is **your responsibility**, as the student pre-registering for an independent/directed study, to return this completed form to the Office of Advising and Registration. If you do not turn in the form **before the beginning of the term**, the study must be postponed until a later term.

Your proposal or study must include the following:

OBJECTIVES: What is the purpose of the study or problem you are examining? What do you want to accomplish?

PROCEDURES

& RESOURCES: Explain what systematic approach you will use to achieve the purpose you intend. Library, survey, and field research are possibilities. You may be involved in a formal experience that does not require research, such as a workshop.

What resources will you use in your project? Will people other than the professor supervising your project be involved in your work? Are library, computer, laboratory, or other resources adequate for what you propose? **Be certain that your professor agrees to your methods and procedures before you begin.**

EVALUATION: How will your professor/committee evaluate your work? Will you write a paper? Take an oral exam with a paper? Take an exam? Make a formal presentation?

STUDY NUMBERS:

Independent Study		398 for juniors	498 for seniors
Directed Study	299 for sophomores	399 for juniors	499 for seniors

Type of Study: ___ Independent Study ___ Directed Study Registration Term: _____

Dates of Study (choose one): ___ Sept.-Dec. ___ Jan. ___ Feb.-May ___ June-Aug.

Department Name: _____ Study Numbers: _____ Credit Hours: _____

Professor responsible for issuing grade: _____

Title of Study (Restricted to 23 Characters):

Independent Study: _____ Location of Study: _____

Directed Study: _____ On Campus: _____ Off Campus: _____

Objectives: _____

Procedures and
Resources: _____

Evaluation: _____

I certify that this study will not result in a total of more than 4 course units of independent or directed study with the same instructor. Further, completing this study will result in no more than two independent and four directed studies during a four-year career or no more than two independent and two directed studies during a two-year career. I also certify that my grade point average is at the required level (2.30 for independent or 2.00 for directed study).

Note: Independent or directed studies may not be used to meet GER or CXXI requirements.

Signatures Needed for Approval:

Student's Certifying Signature

Advisor's Signature

Professor's Signature

Department Chair's Signature