



### Independent Elective Form

Registration of this Independent Elective will be finalized only when completed forms have been submitted to the Registrar's Office.

Name \_\_\_\_\_ CWID \_\_\_\_\_ Date \_\_\_\_\_  
Last, First

**To be completed by student:**

**Starting Date:** \_\_\_\_\_ **Ending Date:** \_\_\_\_\_

*(if applicable):*

- Days and times of the week (i.e. Mondays and Fridays at 3pm): \_\_\_\_\_
- Credit amount: \_\_\_\_\_

**Academic Reasoning for Elective**  
Attach an abstract or syllabus briefly describing the project you will be working on, how you plan on using your time, proposed timeline and mode of communication with which you will be meeting with your instructor, and learning objectives for this elective.

By signing this document, I confirm that this Independent Elective will be completed in its entirety

**Student's Signature:** \_\_\_\_\_

**To be completed Faculty member(s):** *In lieu of a live signature below, you may attach a printout of and email specifically stating the approval*  
**Instructor:**

I have agreed to oversee the Independent Elective that is described in the attachment. I have accepted this student under my supervision and will ensure that the student has a well-defined curriculum that supports the goals and learning objectives outlined. The student and I have arranged times and modes of communication. I agree to submit a course grade for the student's work within 4 weeks of completion of the Independent Elective Study course title.

Name: \_\_\_\_\_ Email: \_\_\_\_\_

Email: \_\_\_\_\_ Phone number: \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Program:**

Major Sponsor: \_\_\_\_\_ Date: \_\_\_\_\_

Program Chairperson or Director: \_\_\_\_\_ Date: \_\_\_\_\_