



Last Name First Name Middle Initial

Student ID Number

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

# PETITION FOR COURSE BY INDEPENDENT STUDY (699/899) through the College of Extended Learning (CEL)

**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.

**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, both the Department Chair and Associate Dean must review and approve. **For final approval, complete the form and email it to Angie Lipschuetz (alipschuetz@sfsu.edu), Associate Dean. The Dean/Associate Dean of CEL will review and give final approval.**

In accordance with University regulations as stated in the General Bulletin, I petition to take the following course during the

\_\_\_\_\_ semester for \_\_\_\_\_ units by Independent Study:

Department \_\_\_\_\_ Course Number \_\_\_\_\_ Course Title \_\_\_\_\_

Current GPA Status: Undergraduate \_\_\_\_\_ Graduate \_\_\_\_\_ Last Semester Attended \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

### 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

\_\_\_\_\_  
COLLEGE DEAN / DATE

\_\_\_\_\_  
CEL DEAN / DATE

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