

## Independent Studies Course Approval Form<sup>1</sup>

Student Name: \_\_\_\_\_

Course # \_\_\_\_\_ Credit Hrs \_\_\_\_\_

Term Of Enrollment \_\_\_\_\_

Describe Course Content, Assignments, And Evaluation Procedures:

CREDIT SOUGHT (check as many as appropriate)

- five-course requirement
- distribution requirement of at least one course in three of the four areas, with allocation to the following area (Check One):
  - Practice, Intervention, & Policy (PIP)
  - Social Service Systems (SSS)
  - Research Methods for Practice and Policy
  - Social Context for Practice and Policy

Indicate why you believe your circumstances are exceptional and warrant approval of the above request(s).

Indicate what other Social Work doctoral courses you have taken or intend to take to meet your requirements.

Course #	Term Elected	Grade	Course #	Term Elected	Grade

\_\_\_\_\_  
SIGNATURE OF STUDENT

\_\_\_\_\_  
DATE

<sup>1</sup> This document applies to students entering the Doctoral Program as of Fall 1987 and subsequently.

2. Recommendation of Course Instructor

Please indicate whether or not you agree that the course content, assignments and evaluation procedures described by the student in Part I are adequate to meet the requirement(s) the student requests it meets.

	YES <sup>2</sup>	NO
Meets five-course requirement	_____	_____
Meets PIP course requirement	_____	_____
Meets SSS course requirement	_____	_____
Meets Research Methods course requirement	_____	_____
Meets Social Context course requirement	_____	_____

\_\_\_\_\_  
Instructor's Signature

\_\_\_\_\_  
Date

INSTRUCTOR PLEASE NOTE

Unless you inform us otherwise after the course is completed the Doctoral Office will assume that the student has carried out the above assignment(s), designed to meet program requirements, to your satisfaction.

3. Recommendation of Faculty Advisor

Please indicate whether or not you recommend approval of the above request(s) and your reasons for doing so.

\_\_\_\_\_  
Instructor's Signature

\_\_\_\_\_  
Date

4. Action of Program Head

(     )   Approved           (     )   Disapproved (explain)

\_\_\_\_\_  
Director's Signature

\_\_\_\_\_  
Date

5. Feedback to Student

Copy of completed form sent to student: \_\_\_\_\_  
Date

<sup>2</sup> See definitions provided on the front page of this form.