**11A. INDEPENDENT STUDIES COURSE APPROVAL FORM**

Student Name (Please Print): ____________________________________________

Course Number: ____________  Credit Hours: ________________  Term of Enrollment ________________

Describe Course Content, Assignments, and Evaluation Process:

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**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:

<table>
<thead>
<tr>
<th>Course #</th>
<th>Term Elected</th>
<th>Grade</th>
<th>Course #</th>
<th>Term Elected</th>
<th>Grade</th>
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</table>

________________________________________  ________________________
SIGNATURE OF STUDENT  DATE
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.

<table>
<thead>
<tr>
<th>Requirement</th>
<th>YES</th>
<th>NO</th>
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<tbody>
<tr>
<td>Meets five-course requirements</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Meets PIP course requirement</td>
<td>☐</td>
<td>☐</td>
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<tr>
<td>Meets SSS course requirement</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Meets Research Methods course requirement</td>
<td>☐</td>
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<tr>
<td>Meets Social Context course requirement</td>
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</tbody>
</table>

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.

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 __________

ACTION OF PROGRAM HEAD

☐ Approved ☐ Disapproved (Please explain)

DIRECTOR’S SIGNATURE ___________________________ DATE __________

FEEDBACK TO STUDENT

Copy of completed form sent to student: ___________________________ DATE __________

See definitions provided on the front page of this form.