

Appendix 11-A:

THE UNIVERSITY OF MICHIGAN

Doctoral Program in Social Work and Social Science

11A. INDEPENDENT STUDIES COURSE APPROVAL FORM

Student Name (Please Print): _____

Course Number: _____ Credit Hours: _____ Term of Enrollment _____

Describe Course Content, Assignments, and Evaluation Process:

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

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 ²⁴	NO
Meets five-course requirements	<input type="checkbox"/>	<input type="checkbox"/>
Meets PIP course requirement	<input type="checkbox"/>	<input type="checkbox"/>
Meets SSS course requirement	<input type="checkbox"/>	<input type="checkbox"/>
Meets Research Methods course requirement	<input type="checkbox"/>	<input type="checkbox"/>
Meets Social Context course requirement	<input type="checkbox"/>	<input type="checkbox"/>

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

²⁴See definitions provided on the front page of this form.