The College at BROCKPORT
State University of New York

Independent and Directed Study Application

Eligibility for Independent and Directed Study

Undergraduate Student

- **Upper division status** (54 or more credits completed)
- An **established SUNY Brockport cumulative GPA** (must have completed at least one semester at Brockport)
- A **cumulative GPA** of at least **2.00 or higher**

Graduate Student

- Must have completed six credits of course work at the graduate level

All students

- No more than **two (2) Independent Studies** and no more than **one (1) Directed study** per **regular semester**
- No more than **one (1) Independent Study** and no more than **one (1) Directed Study** during a **summer session**
- The instructor **must designate** Independent Studies for **liberal arts** or **professional** credit.
- **Independent Study** courses **may not exceed six (6) credits** per semester.
- **Independent Study** courses require a **course outline and bibliography** developed by the student and the instructor.
- The completed **outline must accompany the Independent Study application** at the time of registration.
- Directed Study **does not require** an outline.
- All Independent and Directed Study paperwork **must be submitted by the student by the published deadlines** for a regularly scheduled advance registration, open registration, add, or late add period.

TO BE COMPLETED BY THE STUDENT

Student Banner ID | | | | | | | | | |

Independent Study ☐
OR
Directed Study ☐

SEMESTER

Spring ☐
Summer ☐
Fall ☐
Winter ☐

Student Name (please print) _____
last first m.

Local address (please print) _____

Year _____

TO BE COMPLETED BY THE INSTRUCTOR

REGISTRAR'S OFFICE USE ONLY
(section and CRN)

Discipline and Course Number | | | | | | |

Section | |

CRN | | | | |

Full Course Title (please print) _____

Abbreviated Course Title (16 characters)

Liberal Arts Credit ☐ Yes ☐ No

Number of Credits ☐

Student's Signature _____ Date ____/____/____

Instructor's Last Name

First Initial ☐

Instructor's Signature _____ & Banner ID | | | | | | | | | |

Department Chairperson's Signature _____ Date ____/____/____

Please submit form to Registration and Records in its entirety. *Copies will be distributed after processing.*

White: Registrar **Yellow:** Registration file **Pink:** Student **Gold:** Department

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