

Independent Study Course Guidelines

SUNY Adirondack recognizes that additional learning experiences above and beyond those offered on the semester's class schedule are at times appropriate to assist a student with pursuing his or her educational goals and objectives. Independent study courses can take many forms including those described below.

- ✓ A course which the College offers but which is not being taught during the needed semester or time frame. Credit granted would be recorded the same as if the course was taken in the traditional learning environment. The course number is also the same as if offered in a classroom or lab.
- ✓ A course or project not included in the College Catalog which would enhance the student's educational experiences and allow the student the opportunity to pursue topics in depth. In such cases a course outline must be developed and appropriate credit assigned. The course number assignment will be 299; the three-letter alpha prefix will indicate the discipline. The course title will be the name of the independent study project.

All independent study requests must be approved by the responsible instructor as well as the Division Chair and Vice President for Academic Affairs.

Request Form Instructions

Any matriculated student who wants to do an independent study must initiate a conversation with an instructor to request the independent study. The student must then complete the student information section and sign.

Instructor must complete the course information and justification sections and sign.

- ✓ Independent study instructors must clearly describe the project scope and outcomes as accurately as possible.
- ✓ A syllabus or outline should be attached or on file with the Division office.
- ✓ If this is a course not included in the College Catalog, an attached course outline and/or syllabus will be the documentation for transfer institutions, if requested.
- ✓ The assignment of credit hours must be consistent with the required amount of student activity. Refer to the Assignment of Credits Hours Rubric in N:\Academics\Curriculum\Assignment of Credit Hours Rubric.pdf.

Once signed by the instructor, the form is forwarded to the Division Chair and Vice President for Academic Affairs for approval. Students and faculty are urged to keep a copy of the application.

Registration Information

Once the request form has been completed, the Office of Academic Affairs will send the completed form to the Registrar's office for processing. The Registrar's office will then work to create the course and register the student. Students are encouraged to check their registration status in Banner; no other confirmation of registration will be sent unless the registration affects the student's bill.

Please note independent study courses are charged at the same rate as other coursework. The course will be subject to any fees which would be required in a traditional classroom or lab setting.

The deadlines governing registration, payment, state aid certification, and grades are the same for independent study courses as for regularly scheduled courses.

INDEPENDENT STUDY REQUEST FORM

Student Information *(Student must also sign attached Financial Responsibility Agreement)*

Student Name: _____ Banner Student ID: _____
 Matriculated at SUNY Adirondack (check one): yes no
 Degree Program: _____ Concentration: _____
 Cumulative GPA: _____

Course Information

Semester for Requested Independent Study: Summer Fall Winter Spring Year: _____
 Part of Term for Independent Study: Full Term First Half Second Half Other: _____
 Independent Study Course Completion Date: _____
 Course Title: _____ Instructor: _____
 Course Subject and Number (299 if not in the catalog): _____
 Credit Hours: _____ Refer to N:\Academics\Curriculum\Assignment of Credit Hours Rubric.pdf
 Is a copy of the course outline or syllabus attached to this request? yes no *(If no, it must be on file with the Division office.)*

Independent Study Justification*

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| 1. Is the course being offered in the current semester? <i>(If yes, please include explanation for independent study request in the Justification area.)</i> | <input type="checkbox"/> yes <input type="checkbox"/> no |
| 2. Is this course required for graduation at the end of the requested semester? | <input type="checkbox"/> yes <input type="checkbox"/> no |
| 3. Could the student take this course in a future semester instead of as an Independent Study? <i>(If no, please include explanation for independent study request in the Justification area.)</i> | <input type="checkbox"/> yes <input type="checkbox"/> no |
| 4. Is this course required to keep the student on track with degree requirements? | <input type="checkbox"/> yes <input type="checkbox"/> no |
| 5. Instead of an Independent Study, is there an available course substitution to meet the requirement? | <input type="checkbox"/> yes <input type="checkbox"/> no |

Justification for Requested Independent Study *(If submitting after the start of the semester please include explanation for the late enrollment):* _____

Manner in which the course will be completed: _____

**If necessary, include information on the back or include additional pages regarding justification.*

Required Signatures *(All signatures must be obtained in the order listed. The Vice President's office will submit to the Registrar for processing, if approved. Once processed, the student will be sent an updated schedule and bill via mail.)*

Student Signature: _____ Date: _____
 Instructor: _____ Date: _____
 Division Chair: _____ Date: _____
 Vice President for Academic Affairs: _____ Date: _____

Registrar Office Use Only

Date Processed: _____ CRN: _____ Initials: _____



Office of the Registrar
Warren Hall

Financial Responsibility Agreement

Banner Student ID #: _____ **Semester:** _____

Student Name: _____
First Middle/Maiden Last

STATEMENT OF FINANCIAL RESPONSIBILITY

By registering for classes at SUNY Adirondack, I acknowledge and agree that I am financially responsible for all charges related to my registration and housing.

I understand that if financial payment and/or arrangements have not been made by the due date, the College reserves the right to remove me as a student for non-payment, deny me access to my registered classes, and/or place a "hold" on my student records restricting me from registering, graduating, and/or obtaining a transcript until the account is paid in full. I am responsible for all late charges incurred.

I also understand that if my financial aid is reduced or canceled, I am responsible for all charges on my account. Failure to attend classes does not absolve me from financial liability. In all cases it is my responsibility to drop classes by the published drop/add date(s) and I accept financial liability for these classes in accordance with the SUNY Adirondack Bill Adjustment/Liability Schedule (<http://www.sunyacc.edu/refund-policy>). SUNY Adirondack may call (personally or automated) or text any phone number that I have provided to the College and leave a message regarding any outstanding account I have. I understand that, if the College texts me, I will be able to opt out. The College may use a collection agency or take legal action for any account balance due and I will be responsible for all charges owed which may include collection and/or litigation costs or attorney fees.

I understand that the College will (1) electronically post my 1098-T form (Tuition Statement) to my Banner account so I can download the form for tax purposes and (2) mail a paper copy of my 1098-T to my primary address on file. I understand that I am responsible for providing the College with updated contact information either through Banner or in person at the Registrar's Office in Warren Hall or at the Wilton Center.

Federal Student Financial Aid Permission Statement (applicable for Federal Financial Aid recipients ONLY):

I give SUNY Adirondack permission to use any federal student aid (Pell Grant, SEOG, Direct Loan) to pay any current charges that I incur for educational related activities and any other charges (institutional and non-institutional) related to my attendance. I understand that at any time I may contact the Student Accounts (Bursar) Office to revoke this permission regarding the use of my federal student aid.

My signature below indicates that I am in agreement with and/or acknowledge the statements above. Acceptance and acknowledgement of this Financial Responsibility Agreement is required in order to process your course registration.

Student Signature: _____ **Date:** _____

REGISTRAR OFFICE USE ONLY

Initials: _____ **Date:** _____