



Guided Individual Study/Research Form Springfield College

Office of the Registrar
263 Alden Street
Springfield, MA 01109-3797
Phone (413) 748-3530

A Guided Individual Study/Research course is requested by students who wish to further develop their personal and professional needs by conducting research while working independently under a faculty supervisor. These courses include RSCH 141, 618, 626; PEAC 194; department specific 618, 626; other individual studies as needed.

Name: (please print) _____

Signature: _____ Date: _____

Division: (circle one) UG / GR / PH SC ID Number: _____

I request approval to take the following guided individual study/research:

Course Prefix: _____ Course Number: _____

Course Title: _____

Academic Department: _____ Credit Hours: _____ Contact Hours: _____

During the (circle one): fall, intersession, spring, summer of _____
(year)

The reasons for the request to do this guided individual study/research are: _____

Please attach a detailed plan describing the manner in which the objectives of the proposed guided individual study/research will be satisfied. The plan must include the course objectives, a description of course assignments, the number of contact hours per week scheduled between the student and faculty member, modes of assessment and grading factors, and plan for submission of IRB application, as needed for research involving human subjects.

Approvals

Instructor: (Print) _____

Advisor: (Print) _____

(Signature) _____ Date: _____

(Signature) _____ Date: _____

Department Chair or

School Dean

Campus Director (SHS) or

(Signature) _____ Date: _____

(Signature) _____ Date: _____

This form must contain all of the required approvals and be accompanied by the approved course plan prior to the course being added to the student's schedule.

(Office of the Registrar Use Only) Prefix _____ Number _____ Section _____

Office of the Registrar Use Only
PROCESSED BY: _____
DATE: _____