



Department of Kinesiology
 California State University, Chico, Yolo 243, Chico, California 95929-0330
 T 530-898-6373 | F 530-898-4932

REQUEST FOR 'INDEPENDENT STUDY' COURSE (KINE 697)

Special approval is **REQUIRED** for this course; students must obtain **approval from the instructor, graduate coordinator and chair** prior to registering for the course.

Please Note: Completed form must be submitted to the Department of Kinesiology Office (Yolo 243) no later than the fourth week of the semester.

NAME: _____ CSU CHICO ID #: _____ DATE: _____

LOCAL ADDRESS: _____

PHONE: _____ WORK PHONE: _____ EMAIL: _____

INSTRUCTIONS –

- Confer with the course instructor when preparing the form.
- List school/program, course number, course title and number of credits requested. (example: KINE 697 – Independent Study, 3 units)
- State purpose of the course in terms of student competencies to be achieved.
- Indicate completed courses and/or experiences that prepared student for the requested course.
- State number, frequency, and length of meetings with university professor
- List hours per week expected of student in reading, research projects, and/or other activities during the term. Note: Three credit hours require 9 hours per week of outside preparation for meetings with the professor (total of 135 over the course of the semester); two credit hours requires 6 hours per week (90 hours total); one credit hour requires 3 hours per week (45 hours total).
- List papers, projects, reports, and/or other products to be completed during the course.
- Indicate evaluative criteria for the course. (Oral or written examinations, research critiques, written assignments, and/or other requirements.)

TERM:	FALL	WINTER	SPRING	SUMMER	YEAR	
<u>KINE</u>		Catalog Number <u>697</u>	COURSE TITLE			CREDIT HOURS(1-3)

PURPOSE: _____

STUDENT SIGNATURE _____ DATE _____

APPROVE DISAPPROVE

INSTRUCTOR NAME (Please Print) _____ INSTRUCTOR SIGNATURE _____ DATE _____

GRADUATE COORDINATOR _____ DATE _____

DEPARTMENT CHAIR _____ DATE _____

STUDENTS: RETURN COMPLETED FORM TO YOLO 243 FOR REGISTRATION APPROVAL

1. Describe in detail the content and overall objective of your project:

2. List student competencies to be achieved in course:

a.
b.
c.
d.

3. How are your objectives and competencies not covered by the current curriculum?

4. Estimated time to be spent, per week, on this study. (Three credit hours require 9 hours per week of outside preparation for meetings with the professor (total of 135 over the course of the semester):

5. List papers, projects, reports, and/or other products to be completed during the course:

a.	d.
b.	e.
c.	f.

6. Specify evaluation process for the course, i.e., oral or written examinations, critiques, assignments, and/or other requirements:

a.
b.
c.
d.