

DIRECTED STUDY/INDEPENDENT STUDY PETITION

Office of the Registrar | 630-844-5462 | FAX 630-844-5463



Student's Name _____ Student's ID Number _____
 Student's email _____ Cell Phone _____ Home Phone _____

Independent Study: The purpose of an Independent Study is to allow the competent and prepared student to pursue study of a topic of special interest or need in depth and to develop the student's ability to work on his/her own by pursuing a reading/ research project to successful completion. In most cases, Independent Study should be within the field of the student's major and should be something that cannot be pursued through established courses. These are pursued on campus under the direct supervision of an Aurora University faculty member. While most Independent Studies last one full term, occasionally they will run over several terms or less than one term. Students should register for Independent Studies along with other classes. After the first week of classes, the Registrar must approve registration for Independent Studies on a case-by-case basis in consultation with the instructor and the academic dean. No Independent Studies will be approved after the second week of the term. Regular tuition is charged.

Directed Study: This is a course in which a student or students study on campus under the close supervision of an Aurora University faculty member. This is not "field experience," does not cover material in the regular curriculum, and is not as research and/ or independently oriented in its instructional methodology as an independent study. Students should file the Directed Study Petition prior to registration. Regular tuition is charged.

INSTRUCTIONS

1. Student and Instructor complete sections 1&2. Student signs form. Instructor initials, dates, & approves the form.
2. Instructor forwards the form to the Dept. Chair, Dept. Chair to Academic Dean, & Academic Dean to Administrative Dean for approval or denial.
3. If approved, the Registrar's Office registers the student for the course. Regular tuition rates apply.
4. Registrar's Office emails a copy of the form and attachments to the Student, Instructor, Student Accounts, and Admin. Asst. with approval or denial.

Section I (completed by Instructor)

	CIRCLE THE APPROPRIATE RESPONSE BELOW						
Directed Study <input type="checkbox"/>	2830	3830	4830	5830	6830	7830	8830
Independent Study <input type="checkbox"/>	2980	3980	4980	5980	6980	7980	8980
Semester hour credit	1	2	3	4	5	6	7
Evaluation System	CR/NCR			Letter Grade			

Note: Studies carried out over more than one term will be graded X at the intervening grading periods provided the instructor completes the "Petition for a Deferred Grade" form. Tuition is charged during the term the study is initiated and semester hour credits are applicable to financial aid only in that term.

Course Title _____ Instructor Name _____

FALL	SPRING	SUMMER
<input type="checkbox"/> FA/Fall 16-wk semester	<input type="checkbox"/> SP/Spring 16-wk semester	<input type="checkbox"/> SU/Summer 16-wk semester
<input type="checkbox"/> F1/Fall Mod I (1 st 8-wk term)	<input type="checkbox"/> S1/ Spring Mod I (1 st 8-wk term)	<input type="checkbox"/> R1/Summer Mod I (1 st 8-wk term)
<input type="checkbox"/> F2/Fall Mod II (2 nd 8-wk term)	<input type="checkbox"/> S2/ Spring Mod II (2 nd 8-wk term)	<input type="checkbox"/> R2/Summer Mod II (2 nd 8-wk term)
		<input type="checkbox"/> UM/Summer May (3-wk term)
		<input type="checkbox"/> US/Summer 10-wk term
		<input type="checkbox"/> U1/Summer Term I (1 st 5-wk term)
		<input type="checkbox"/> U2/ Summer Term II (2 nd 5-wk term)

Year: 2019 2020 2021 2022 2023 2024 2025

Identify the educational objectives of this study:

Identify how the study will be carried out and the evaluation method for this course:

Section II (completed by Student)

I have discussed this course with the instructor and understand my responsibilities in completing the requirements. By my signature below, I understand that there is regular tuition charge and that this will be added to my bill during the term in which the course originated. My signature below authorizes the University to register me for this course.

Student Signature _____ Date: _____

Section III

Choose One

INITIAL	DATE	APPROVED	DENIED	RESPONSIBLE AREA	REASON FOR DENIAL
				INSTRUCTOR	
				PROGRAM CHAIR	
				ACADEMIC DEAN/ EXEC DIRECTOR	
				ADMINISTRATIVE DEAN	

REGISTRAR'S OFFICE - IF APPROVED, REGISTERED FOR _____ EMAIL SENT