

SoA | School of Architecture

INDEPENDENT STUDY FORM

The directed independent study (ARCH 4890/6890) enables individual study and in-depth analysis of a special area related to the interests of the student and the expertise of the faculty advisor. The objectives and learning outcomes of the directed independent study should supplement the student's architectural education by exploring and researching a topic not otherwise offered within the curriculum. The student, in consultation with their faculty advisor, should submit the following form with the attached course syllabus to the School of Architecture for review.

Course Details

Student Name: _____ Course Title: _____

Student ID: _____ Faculty Advisor: _____

Email: _____ Semester and Year: _____

Degree Program: _____ Credit Hours: _____

Course Syllabus

The student, in consultation with their faculty advisor, must develop a syllabus for the directed independent study that is equivalent in workload to the amount of credit hours requested (1-3 credit hours). The syllabus should provide a synthesis of the primary issues, themes, content, and/or subject matter to be studied; as well as the general scope for the course. It should specifically outline and address the following:

- Objectives & Learning Outcomes
- Assignments & Requirements (*clarify the work to be produced and the timeline for its completion*)
- Schedule of Meeting Times with the Faculty Advisor
- Grading Criteria/Evaluation (*must include an end-of-semester presentation to the SoA Director and select faculty*)

Instructions

- 1.) Complete this form; signed by the student and faculty advisor
- 2.) Attach the proposed course syllabus for the directed independent study
- 3.) Submit this form with the attached course syllabus to the SoA Office (Storrs 105) for review
SUBMISSION DEADLINES: Fall (August 1st) / Spring (December 1st) / Summer (April 1st)
- 4.) After review by the SoA Director, the student will be notified if the independent study has been approved, and of the course section number for registration.

Signatures

Student: _____ Date: _____

Faculty Advisor: _____ Date: _____

SoA Director: _____ Date: _____

Office Use

Date Received:

Course Number/Section:

CRN: