

**INDEPENDENT STUDY REGISTRATION FORM**

**Review Academic Rule & Regulations VIII.A before completing this form.**

**Student Name:** \_\_\_\_\_ **Semester:** \_\_\_ FA \_\_\_ SP \_\_\_ SU  
(Print)

Purpose and scope of Independent Study

1. Attach an **outline detailing** the criteria by which the IS will be evaluated:
2. Form of final work product (e.g., paper, book, etc.) to be submitted to Registrar:  
\_\_\_\_\_
3. Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_
4. Number of Academic Credits: \_\_\_\_\_

If on the line above you indicate variable credit, for example, 2-3 credits, you are signifying that the supervising faculty member will determine the appropriate amount of credit when the IS has been completed. The Registrar will use the lesser number of credits in calculating your minimum enrollment for the semester and the greater number of credits in calculating your maximum enrollment. **All IS are graded on a Satisfactory/ Unsatisfactory/Outstanding (S/U/O) basis. No grade will be recorded until a copy of the final work product is received by the Registrar.**

5. \_\_\_\_\_  
Faculty Supervisor (PRINT) Faculty Supervisor (SIGNATURE) Date

6. I have made a substantially similar **IS** proposal to another professor: \_\_\_ YES \_\_\_ NO  
Professor=s name: \_\_\_\_\_

7. I am within the jurisdiction of the Academic Standing Committee: \_\_\_ YES \_\_\_ NO  
**If YES**, the Academic Standing Committee approves my enrollment in this **IS**.

\_\_\_\_\_  
Chair, Academic Standing Committee Date

8. \_\_\_\_\_  
Student Signature Date

To be effective, any modification of the proposal described above that substantially affects the basic agreement between you and the supervising faculty member **must be: (1)** in writing, **(2)** signed by the supervising faculty member, and **(3)** submitted to the Registrar.

**Franklin Pierce Law Center, Registrar ♦ 2 White Street, Concord, NH 03301**  
**phone: (603) 228-1541 ♦ fax: (603) 228-1074**