AGREEMENT OF MENTOR OR FACULTY COORDINATOR:
With approval of the department chair, the mentor agrees to direct and evaluate the student’s progress and work. Project details and final grades will be reviewed by the Academic Dean’s office.
A. Independent Study/Thesis applications require submission of an Outline of Course Expectations including the course title, course description, learning objectives, assessment plan, and a timeline for completion. Student, Mentor, and Department Chairperson signatures are required.
B. Field Placement/Internship applications require submission of an Outline of Course Expectations including the location, learning objectives, assessment plan, and an approximate work schedule. Student, Mentor, and Department Chairperson signatures are required. Three (3) credit Field Placement/Internships must amount to a minimum of 135 hours per semester.
C. Mentor must submit Midterm and Final grades. ‘IP’ is an acceptable Midterm grade.

Provide an Outline of Course Expectations in the spaces below or attach separately:

Student name: ________________________________  Course Number: ______________________________

Course Title/Internship Location: ________________________________

Course Description:

Learning Objectives (At the end of this course, the student will be able to...):

Assessment Plan/Timeline for Completion (list assignment types, log requirements, etc with due dates. For internships/field placement, also indicate number of work hours/weeks. For example, “14 hours per week for 10 weeks.”)
A Student registering for a field placement/internship, independent study, or mentored thesis course must return this form fully completed and signed to the Registrar’s Office. Registration indicates acceptance tuition rates as specified by Student Financial Services. Please see Student Financial Services for any billing questions.

PLEASE INDICATE THE TYPE OF COURSE YOU ARE REGISTERING FOR:

- [ ] Independent Study OR [ ] Mentored Thesis OR [ ] Field Experience OR [ ] Internship

PLEASE PRINT ALL INFORMATION CLEARLY: (This form cannot be used for a name change, official documentation required)

<table>
<thead>
<tr>
<th>ID#</th>
<th>LAST NAME</th>
<th>FIRST NAME</th>
<th>MI.</th>
<th>D.O.B</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>STREET ADDRESS</th>
<th>APT#</th>
<th>CITY</th>
<th>STATE</th>
<th>ZIP CODE</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>DAY TELEPHONE NUMBER</th>
<th>EMAIL ADDRESS</th>
<th>MAJOR</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

COURSE INFORMATION:

<table>
<thead>
<tr>
<th>Semester</th>
<th>Department</th>
<th>Subject</th>
<th>Course Number</th>
<th>Credits</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Title: __________________________

This will be documented by (Mentor’s Name): __________________________

CHAIRPERSON MUST CHECK THE FOLLOWING BEFORE SIGNING

1. Completed Outline of Course Expectations is attached [ ] YES [ ] NO – DO NOT SUBMIT (see page 1)

2. This semester, student is requesting more than 3 credits of any one of the following: independent study, internship, or field experience [6 credit lifetime limit for each course type] [ ] NO [ ] YES - requires Dean’s signature*

3. Student will satisfy prerequisites prior to semester start [ ] YES [ ] NO - requires chairperson’s initials

4. Student is requesting an overload [ ] NO [ ] YES - up to 19 credits. Requires chairperson’s initials [ ] YES - over 19 credits. Requires Dean’s signature*

5. This is a major/minor course substitution [ ] NO [ ] YES - requires chairperson’s initials

Course will substitute for (indicate required course) __________________________

Subject | Course Number
---------|---------------

The information on this application has been reviewed and agreed upon by both student and faculty member and is being submitted for Departmental approval and, upon submission to the Office of the Registrar, registration. Dean’s approval is necessary if application is outside of Academic Catalogue requirements.

_____________________________  __________________________
Student’s Signature            Date

_____________________________  __________________________
Mentor’s Signature (if not chairperson)  Date

_____________________________  __________________________
Department Chairperson’s Signature  Date

_____________________________  __________________________
Academic Dean’s Signature (ONLY if required)*  Date

For Office Use

Date Received:  Date Updated:

Registrar’s Staff Signature  Date