



ST. FRANCIS COLLEGE
 THE SMALL COLLEGE OF BIG DREAMS

180 REMSEN STREET
 BROOKLYN HEIGHTS, NY 11201

Tel. (718) 489-5242

Office of the Registrar
 Fax (718) 624-6677

**APPLICATION & REGISTRATION FOR INDEPENDENT
 STUDY/INTERNSHIP/MENTORED THESIS FORM**

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 as 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.")



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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)

ID#	LAST NAME	FIRST NAME	MI.	D.O.B
STREET ADDRESS		APT #	CITY	STATE
DAY TELEPHONE NUMBER		EMAIL ADDRESS	MAJOR	

COURSE INFORMATION:

Semester	Department	Subject	Course Number	Credits

Title: _____

This will be documented by (Mentor's Name): _____

CHAIRPERSON MUST CHECK THE FOLLOWING BEFORE SIGNING

- Completed Outline of Course Expectations is attached YES NO – DO NOT SUBMIT (see page 1)
- 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*
- Student will satisfy prerequisites prior to semester start YES NO - requires chairperson's initials → _____
- Student is requesting an overload NO YES - up to 19 credits. Requires chairperson's initials → _____
 YES - over 19 credits. Requires Dean's signature*
- 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 _____