Independent Study is an individual project under faculty supervision dealing with pertinent literature, research, programs or other activities related to selected topics in Kinesiology and Sports Studies.

Based upon available resources, the request for independent study will be prioritized as follows:
1. KSS Majors
2. KSS Minors

Expectations
- Students will correctly and professionally complete the Independent Study Form.
- Students will correctly and professionally complete the Independent Study (I.S.) Update form AND consistently submit the form within the required time frames.
- Students will submit a final product that exhibits an understanding of the profession, is suitable for presentation in a professional setting, and demonstrates an effective level of understanding of major concepts.

Grading Scale:
- A = Exceptional  B = Exceeds Expectations  C = Meets Expectations  D = Does Not Meet Expectations

STUDENT SHOULD COMPLETE THIS FORM AND RETURN TO FACULTY MENTOR

Student Name:________________________________________________
Banner ID:__________________
Term:__________________
Student email:__________________________________________
Area of Concentration:____________________________________
GPA:_________ (Minimum 2.5)
Total Credits Earned to Date:________
Number of KSS hours completed:__________
Number of Credit Hours requested:__________
Number of total clock hours:__________
(Required: 40 clock hours per semester hour. Hours will be documented by completing and submitting the attached monthly Independent Study (I.S.) Update form)
Description of Activity: Provide a brief description of planned activity, expected outcomes of the project, and expected learning outcomes. Include a monthly timeline for tasks or components to be completed and the nature or form of the final product. (A final product could be a written summary of activity or results; a power point presentation of activity or results; actual product such as a brochure, survey, poster, resource manual; presenting the project to a class; or submission to present at a conference. Use attachments if needed.)

Evaluation Procedure: To be discussed with faculty mentor and chair of the department

Student Signature: ___________________________ Date: __________
Faculty Mentor Signature: ___________________________ Date: __________
Advisor Signature: ___________________________ Date: __________
Department Chair Signature: ___________________________ Date: __________

______ Approved  __________ Disapproved

Comments