San Francisco State University

College of Extended Learning

Petition for Course by Individual Study (699 or 899)

Return signed petition to College of Extended Learning with Registration Form:
Main Campus: 1600 Holloway Ave, Onestop, SSB 1st Floor * **Downtown Campus:** 835 Market Street, 6th Floor

Eligibility: Students who have demonstrated the ability to work independently, have a cumulative grade point average of at least 3.0 (undergraduate) or 3.25 (graduate) and have the approval of their Advisor, an Instructor for the course, and the Department Chair. Credit for Independent Study is given only for courses not included in the University's curriculum as published in the Bulletin or Class Schedule.

Procedures: Prepare a draft of the material required for the SUMMARY and make an appointment to speak with an Instructor for initial review and approval. If approved by Instructor, obtain signature of Department Chair for final review and approval. If final approval is given, **submit the Petition for Course by Individual Study to the College of Extended Learning along with a Registration Form.**

NAME_____ SFSU ID _____

Daytime Phone Number: _____Email: _____

In accordance with University regulations as stated in the General Bulletin, I petition to take the following course during the _____ semester for _____ units by Individual Study:

Dept. _____ Course No._____ Course Title: Special Study_____

Current GPA Status: Undergrad_____ Grad_____ Last Semester of Attendance _____

_____ _____
Student Signature Date

SUMMARY OF COURSE OBJECTIVES (I), METHODS (II), AND EVALUATIONS PROCEDURES (III)

I. Skills, knowledge, competency or other learning objectives agreed upon by the student and instructor.

II. How the objectives will be achieved (e.g. reading, interviewing, consultation with instructor, etc). Establish how often student will meet with instructor.

III. How the student's learning will be evaluated by the instructor for grading purposes (e.g. written work, oral examinations, other).

OFFICIAL USE ONLY: TO BE COMPLETED BY INSTUCTOR AND CHAIR

_____ _____ _____
Instructor Name (Printed – First and Last) Instructor Signature/Date Chair Signature/Date

Instructor Email: _____ Instructor Payroll Status (check one): ___ Paid ___ Volunteer

Faculty Title (ie: Lecturer, Assoc Prof, Prof) _____

CEL Staff Use Only: **Circle One:** Matric Non-matric **Class offered at SF State?** Yes ___ No___