Keene State College
SPECIAL PERMISSION FORM
INDEPENDENT STUDY, PRACTICUM or KSC 270

Course Prefix (ex. MGT) **NUMBER** [ ] *[OFFICE USE ONLY]* **CREDITS**

COURSE TITLE (30 character limit) _____ **TERM** _____

STUDENT NAME _____ **ID#** _____

COURSE OUTLINE: [Complete here or attach separate sheet with this information]

- OBJECTIVE/LEARNING OUTCOMES

More room on second page...

- DESCRIPTION

More room on second page...

- ASSIGNMENTS & EVALUATION CRITERIA – INCLUDING TIMELINE

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IMPORTANT: If this Independent Study is meant to substitute for another course, your Department Chair will still need to submit a Course Substitution Form .

Students' Name [Print]	*Student's Signature*	*Date*
Instructor's' Name [Print]	*Instructor's Signature*	*Date*
Department Chair/Coordinator[Print] *or Director of Continuing Ed in Summer ONLY*	*Department Chair/Coordinator Signature* *or Director of Continuing Ed in Summer ONLY*	*Date*
Dean of Faculty Affairs Name [Print}	*Dean's Signature*	*Date*

If at all possible Summer courses should be approved by the Department Chair during the Academic Year.
Please note: Dean of Faculty Affairs's signature is only needed for Independent Studies.

Instructor's USNH ID# *Department FOAPAL* *Compensation*

Author should retain copies for instructor and student

Objective/Learning Outcomes Cont'd

Description Cont'd

More room on second page...

Assignments and Evaluation Criteria Cont'd