ILLINOIS STATE UNIVERSITY

School of Kinesiology and Recreation

Campus Box 5120

Normal, IL 61790-5120

KNR 400.01 INDEPENDENT STUDY

COURSE DESCRIPTION

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  |  |  |  |  |
| Last Name | First Name | Middle Initial | Maiden Name  (if applicable) | ULID (e-mail) |

|  |  |  |  |
| --- | --- | --- | --- |
|  |  |  |  |
| Student ID Number | Independent Study Supervisor | Semester Hours | Session/Year |

|  |  |  |
| --- | --- | --- |
| Culminating Experience: | Yes  No |  |

|  |
| --- |
| **OFFICE USE ONLY:**  Date of Override: Section #: E-mailed: |

Please provide the following information on the Independent Study. Samples of the completed form are available online at www.kinrec.ilstu.edu.

INDEPENDENT STUDY COURSE DESCRIPTION:

Title or Topic:

Course Description:

Objectives:

Student Requirements:

Grading Criteria:

Grading Scale:

Student’s Signature Date

Instructor’s Signature Date

Program Director’s Signature Date

The School will forward the completed form to the Office of the University Registrar. The original form will remain on file within the Office of Admissions and Records and upon request a copy will be included with the official transcript.