

Eastern Illinois University
College of Health and Human Services
Independent Study Form-KSR 4741

- 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. KSR Majors
 2. KSR Minors
- Expectations
 - o Students will correctly and professionally complete the Independent Study Form.
 - o Student will correctly and professionally complete the Independent Study (I.S.) Update form AND consistently submit the form within the required time frames.
 - o Student 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:
 - o A = Exceptional B = Exceeds Expectations C = Meets Expectations
 - o 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 KSR 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 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