THE UNIVERSITY OF NEW MEXICO - LOS ALAMOS
INDEPENDENT STUDY REQUEST

Date of request _____________________________ Return by _____________________________

To: _________________________________ From: _________________________________
   Curriculum Coordinator       Academic Advisor

Degree Requirement for ___________________________________________ (Student)

Social Security #__________________ GPA _____________ Cum Hrs ________________

Certificate Program in _______________ Associate degree in ______________________

The following course is being requested:

Course Number ______________________

Course Title _________________________

Semester & Year _____________________

Reason for request:

_____ Student is scheduled to graduate and was unable to take course(s) last time it was offered because
______________________________________________________________________________

_____ Change in program requirements necessitates independent study. Explain: ________________
______________________________________________________________________________

_____ Other ___________________________________________________________________
______________________________________________________________________________

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Curriculum Coordinator ___________ Approved_________ Not Approved __________ Date _________

Reason if Disapproved __________________________________________________________________

Instructor Assigned __________________________________________________________________
(Assignment is on a voluntary basis by instructor.)

Division Head__________________ Approved__________ Not Approved_________ Date _________

Call # ______________ Dept:________________  Number: ________________  Section: __________

Associate Director for Instruction ____________ Approved_________ Not Approved__________Date _________

Reason if Disapproved __________________________________________________________________

Approval Steps:

☐ 1. Academic Advisor fills out form and submits it along with official degree check to the Curriculum Coordinator.

☐ 2. Curriculum Coordinator will work with Division Head for approval/disapproval and assignment of instructor and forward this form to the Department of Instruction for final approval/disapproval. If not approved forward to Academic Advisor

☐ 3. Department of Instruction will then set up course and submit final approval/disapproval to the Academic Advisor.

☐ 4. Academic advisor will contact the student to complete the following:
   a. Register for the course
   b. Meet with assigned instructor to agree upon the course “contract” which should include:
      • the specific areas to be covered, and in what format;
      • Performance and grading criteria;
      • The number of assigned credit hours, if applicable

Please submit original completed form to the Registrar’s office