Where life and learning meet.™

Metropolitan State University

# Student-Designed Independent Study (SDIS) Proposal

Gateway Student Services
700 East Seventh Street
Saint Paul, Minnesota 55106-5000
Phone: 651-793-1300
E-mail: gateway@metrostate.edu

## Who needs to use this form?

A student who wishes to request credit for student-designed independent study (SDIS). Complete sections 1-3 and page 2 after consulting with your advisor and the intended evaluator.

## Important Notes

- Before your SDIS will be registered, this form must be approved and signed by the department chair of the appropriate department and the dean of the college.
- Contact your advisor/college advising center with any procedural questions.

## How to Submit

Submit the completed form to Gateway Student Services by mail to the address above, in person, or by e-mail from your Metro State account.

## Section 1: Student Information

Student Name: _____ _____ _____
*Last* *First* *Middle*

Permanent address: _____ _____ _____ _____
*Street* *City* *State* *Zip Code*

Phone (with area code): (_____) _____ - _____ Metropolitan State e-mail address: _____

Metropolitan State student ID: ___ ___ ___ ___ ___ ___ ___ ___ Advisor (first and last name): _____

## Section 2: Registration Information

Credits: _____ Term: ☐ Fall ☐ Spring ☐ Summer Year _____ Level: ☐ Lower ☐ Upper ☐ Graduate Grading: ☐ Letter ☐ Pass/No credit

*Please check the academic calendar for registration deadlines.*

Subject/Dept.: _____ ☐ 160 ☐ 360 ☐ 660_ _____
*Number* *Title*

Proposed competence statement:

_____

_____

_____

_____

Evaluation techniques--check all that apply:

☐ Essay ☐ Oral interview ☐ Portfolio review ☐ Written exercise
☐ Journal ☐ Project evaluation ☐ Simulation ☐ Other (describe): _____
☐ Objective test ☐ Research paper ☐ Situational observation

## Section 3: Evaluator Information

Evaluator: _____ ☐ Resident faculty ☐ Community faculty ☐ Other*

Phone (day): _____ Email address: _____

*If the evaluator is not a Metropolitan State resident or community faculty member, you must attach a copy of the evaluator's résumé with permanent address, phone (with area code), and e-mail address.

Department chair signature: _____ Date: ____ / ____ / _____
*Signature indicates approval to register.* MM DD YYYY

Dean signature: _____ Date: ____ / ____ / _____
*Signature indicates evaluator assignment/readiness to register.* MM DD YYYY

## Office Use Only

SDIS approved? ☐ Yes ☐ No - Provide rationale/suggestions for revision, and return form to the student listed. Cost center # _____

_____

_____

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## Resource Materials

List the resources you intend to use (title, author, etc) and indicate the type of resource.

_____ ☐ Book ☐ Journal/Magazine
_____ ☐ Book ☐ Journal/Magazine
_____ ☐ Book ☐ Journal/Magazine
_____ ☐ Book ☐ Journal/Magazine
_____ ☐ Book ☐ Journal/Magazine

If other, describe below. Attach additional sheets as necessary.

_____
_____
_____
_____

## Learning Outline

List topics to be addressed in this independent study. Attach additional sheets as necessary.

1. _____
_____
2. _____
_____
3. _____
_____
4. _____
_____
5. _____
_____

## Learning Strategies

How will you apply your knowledge? Write your statement below. Attach additional sheets as necessary.

_____
_____
_____
_____
_____
_____
_____
_____
_____
_____