

# Student-Designed Independent Study



Complete this form and have it signed by the faculty member, chair and dean in order to be registered for Student-Designed Independent Study. For questions, contact the Student-Directed Learning office, [sdl@metrostate.edu](mailto:sdl@metrostate.edu).

**Accessibility Resources:** This document is available in alternative formats upon request, by contacting the Center for Accessibility Resources, at [Accessibility.Resources@metrostate.edu](mailto:Accessibility.Resources@metrostate.edu) or 651-793-1549. If you need disability-related accommodations, please contact the Center for Accessibility Resources.

## Contact Information

**Student Name:**

**Student ID#:**

**Metro Email:**

**Phone:**

**Major:**

**Advisor Name:**

## Course Information

**Title:**

(maximum of 75 characters):

**Term:**

**Year:**

**Subject Code:**

(for example ICS, PSYC, WRIT)

**Grading option:**

**Number of Credits:**

**Level:**

**For international students, this SDIS includes in person meetings (if yes, complete Appendix on the last page):**

**Student Signature to request registration:**

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## Evaluator Information

Evaluator Name:

Tech ID:

E-mail:

Role:

Evaluator Signature:

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## Department Approval

☐ Approved for Registration

Chair Signature:

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## College Approval

College:

Cost Center:

☐ Approved for Registration

☐ Approved for Faculty Work Assignment

College Dean Signature:

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**1. Competence Statement:** Summarize your proposed course. What learning will you demonstrate?

**2. Learning Outcomes:** What are the specific learning outcomes you plan to achieve?

- If you are proposing that your SDIS count for General Education or RIGR, make sure to address those requirements.

**3. Learning Process:** What is your planned learning process? Describe your planned learning activities?

**4. Resources:** What resources will you use in your learning?

**5. Assessment and Evaluation Methods: (check those that apply)**

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> case study               | <input type="checkbox"/> oral interview     | <input type="checkbox"/> simulation              |
| <input type="checkbox"/> certificate/license/exam | <input type="checkbox"/> portfolio          | <input type="checkbox"/> other (describe below): |
| <input type="checkbox"/> essay                    | <input type="checkbox"/> presentation       |  |
| <input type="checkbox"/> journal                  | <input type="checkbox"/> project evaluation |  |
| <input type="checkbox"/> objective test           | <input type="checkbox"/> reflective paper   |  |
| <input type="checkbox"/> observation              | <input type="checkbox"/> research paper     |  |

**6. Who have you consulted on this proposal?**

## Appendix: In Person Meetings (if applicable)

International students who need in person credits should complete this section.

Meeting Date	Start Time	End Time	Hours
Total hours			

Meeting location:

To be considered in person, an SDIS needs the minimum in person contact hours:

Fall and Spring Number of Credit Hours	<u>Minimum</u> In Person Contact Hours Required for Intl Students
4	12.5
3	9.375
2	6.25
1	3.125

Summer Number of Credit Hours	<u>Minimum</u> In Person Contact Hours Required for Intl Students
4	12.5
3	9.5
2	6.25
1	3