

# Colorado School of Mines

## Independent Study Registration Form

**Current Student Level:**

- ☐ Undergraduate  
☐ Graduate  
☐ Non-Degree

**Please Print Clearly**

By signing below, the student demonstrates understanding that to receive academic credit for an Independent Study the student is expected to invest approximately 25 contact hours plus 30 hours of independent work per semester hour of credit. (See back of form for detailed hour rules.)

Additionally, the faculty certifies that an appropriate course syllabus has been developed for the course, reviewed by the Department/Division and the student, and is available upon request from the department.

This form must be submitted no later than the Census Day (last day of registration). Once this form is completed and signed, return it to the Registrar's Office.

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**GRADUATE STUDENTS ONLY:**

Is this Independent Study equivalent to any existing course in the graduate-level curriculum?

No [ ]

Yes [ ]

If yes, which course? \_\_\_\_\_

Reason for Request: \_\_\_\_\_

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**ALL STUDENTS MUST COMPLETE THE FOLLOWING:**

Semester/Year: \_\_\_\_\_

(If Registering in Summer II, select the desired term length: \_\_\_\_\_ 6-week; or \_\_\_\_\_ 8-week)

Expected Graduation Date: \_\_\_\_\_

**Subject Code** (e.g., CSCI): \_\_\_\_\_ and **Catalog number** (e.g., 499, 599, etc.): \_\_\_\_\_

Course Title: \_\_\_\_\_

Instructor Name (Printed): \_\_\_\_\_

Student Name (Printed): \_\_\_\_\_

Student E-mail: \_\_\_\_\_

CWID Number: \_\_\_\_\_

Credit Hours: \_\_\_\_\_

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Instructor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Department Head Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Credit Hours	Instructor Contact Hours	Independent Work Hours	Total Hours	Hours Per Week
1.0	25.0	30.0	55.0	3.7
2.0	50.0	60.0	110.0	7.3
3.0	75.0	90.0	165.0	11.0
4.0	100.0	120.0	220.0	14.7
5.0	125.0	150.0	275.0	18.3
6.0	150.0	180.0	330.0	22.0