

SHERMAN COLLEGE OF CHIROPRACTIC

Request for Independent Study and Override of Course Prerequisite

Student (print name): _____

Term for Requests: _____

Year: _____

Do you receive VA Benefits ? _____

Instructions: Student completes this form, except for the gray portions reserved for faculty and deans, and submits it to the instructor(s) of the requested course(s) for review. After the dean's review & decision, the registrar will email the student.

INDEPENDENT STUDY REQUEST SECTION							
	Instructor	Course to I.S.	Day to be Missed	Time	Decision	Signature	Date
1					Approve / Deny	Faculty	
					Approve / Deny	Dean	
Reason for denial (if applicable) or Conditions:							
2					Approve / Deny	Faculty	
					Approve / Deny	Dean	
Reason for denial (if applicable) or Conditions:							
PRE-REQUISITE OVERRIDE REQUEST SECTION							
	Instructor	Request to take	Missing which Pre-Requisite?	Taking it as a Co-Req?	Decision	Signature	Date
1					Approve / Deny	Faculty	
					Approve / Deny	Dean	
Reason for denial (if applicable) or Conditions:							
2					Approve / Deny	Faculty	
					Approve / Deny	Dean	
Reason for denial (if applicable) or Conditions:							
3					Approve / Deny	Faculty	
					Approve / Deny	Dean	
Reason for denial (if applicable) or Conditions:							

Reason for Request:

1)

❖ Total hours of Independent Study (if applicable): _____

❖ Total hours of overrides (if applicable): _____

- ☐ This course is one for which independent study is an option. Courses that require practical applications, labs and special equipment are **NOT** available for I.S.
- ☐ I have a cumulative GPA of **2.75** or higher. My current GPA is: _____
- ☐ I have **not** failed the course or withdrawn from the course in a previous quarter.
- ☐ There is a conflict in class schedule regarding two courses at the same hour that are needed for graduation that without independent study would result in a delay of my graduation. Projected Graduation Date: _____
- ☐ I am attempting to schedule remaining board classes, and I am missing **only one** class needed to be eligible for taking boards.

**By my signature below, I acknowledge that approval of this independent study is given at the discretion of the Dean of Basic or Clinical Sciences upon review of my academic performance throughout the doctor of chiropractic degree program and is contingent upon my meeting the criteria for eligibility as defined by college policy.*

**I understand that if my request is approved, I am responsible for completing coursework as scheduled. I also understand that any prerequisite knowledge or skills expected are my responsibility and I will not hold the instructor responsible for teaching this information within the class or providing tutorial assistance beyond the class hours. Any incomplete or unsatisfactory work in the respective course due to any lack of knowledge or skills offered in the prerequisite course(s) will be my responsibility. I also understand that the dean's decision is final.*

**I also understand that if this independent study is approved, I am responsible for arranging a mutually agreeable schedule for the completion of this course with the instructor, and the instructor has no responsibility to meet with me individually to facilitate course completion.*

Student's Signature: _____

Date: _____

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Show Your Course Plan Below Including Conflicts:

Time	Monday	Tuesday	Wednesday	Thursday	Friday
8:00 – 8:50					
9:00 – 9:50					
10:00 – 10:50					
11:00 – 11:50					
12:00 – 12:50					
1:00 – 1:50					
2:00 – 2:50					
3:00 – 3:50					
4:00 – 4:50					
5:00 – 5:50					