Checklist for Individual Study/Research That Includes Domestic Overnight or International Travel

If your Individual Study involves domestic overnight or international travel (for any reason or length of time), you will also need to register your travel via the Office of Study Abroad Website.

The steps referenced below can be found at http://studyabroad.stthomas.edu/?go=independentstudy.

For both international and domestic overnight travel:

- Complete the online travel registration found on the Office of Study Abroad Website at http://studyabroad.stthomas.edu/?go=travelregistration.

- Upon completion, you will receive a confirmation email. Forward the confirmation email to your sponsoring faculty member and studyabroad@stthomas.edu.

For International Travel only:

- Once you have completed your travel registration, the Office of Study Abroad will enroll you in the required CISI insurance. The insurance charges will be billed to your UST student account.
- Register your travel with the U.S. State Department (www.travel.state.gov).
- Review health information with the Center for Disease Control (www.cdc.gov). If necessary, make a travel clinic appointment. Student Health Services is a certified travel clinic (651.962.6750).
- International Travel requires a valid passport. Visit www.travel.state.gov for information on obtaining a U.S. passport. If your destination country requires a visa, please consult with an advisor in Study Abroad.
- All university-related travel is subject to the Cancellation Policy and Risk Assessment Process (http://studyabroad.stthomas.edu/?go=CancellationRiskAssessment). If your destination is subject to a U.S. State Department Travel Warning, notify the Office of Study Abroad for guidance on next steps.

This student has completed the required travel registration process for his/her individual study/research.

____________________________________   _______________________
Study Abroad Advisor   Date

5.5.2014
# Proposal for Individual Study or Research

Return to: Registrar’s Office – MHC 126

<table>
<thead>
<tr>
<th>Last Name (Print)</th>
<th>First</th>
<th>Middle</th>
<th>UST ID</th>
</tr>
</thead>
</table>

**Title of Study or Research** *(Maximum of 30 characters, including spaces)*

<table>
<thead>
<tr>
<th>Term for which Study or Research is to be completed:</th>
<th>Year</th>
<th>Fall Semester</th>
<th>January Term</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ Spring Semester</td>
<td>☐ Summer Session I</td>
<td>☐ Summer Session II</td>
<td>☐ Extended Summer Session</td>
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</tbody>
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<table>
<thead>
<tr>
<th>Dept</th>
<th>Individual Study - Course Number &amp; Credit*</th>
<th>(2-credits) or (4-credits)</th>
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<td>☐ 243</td>
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<td>☐ 393</td>
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*Individual Study is a course of study for credit requested by the student to be taught under the direction of a faculty member for study in an area not addressed by current course offerings.*

<table>
<thead>
<tr>
<th>Dept</th>
<th>Research - Course Number &amp; Credit</th>
<th>(2-credits) or (4-credits)</th>
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Respond to the following questions on a separate sheet and attach to this form:

1. What is the goal or objective of the Study or Research?
2. What will be the method of the Study or Research?
3. What will be the nature of the final project (paper, film, tape, recital, portfolio, oral report, etc)?

**Choice of Grading System:**
The grading for individual work study may be **Standard** (A, B, C, etc) or **Pass/Fail** (S-D-R). *[Major field and minor field core curriculum courses must be on the standard system.]*

I choose: ☐ Standard ☐ S-D-R *(select option below)*

- ☐ Option 1: Grade of “D” = grade of “R” (R=unsatisfactory; this grade will NOT affect your GPA and the course will not count toward your degree requirements)
- ☐ Option 2: Grade of “D” = grade of “D” (this option WILL be counted as part of your GPA)

This course will be used to fulfill:

☐ Major Requirement ☐ Minor Requirement ☐ Core Curriculum Requirement ☐ Elective Credit

**REQUIRED SIGNATURE(s):**

Student

X ____________________________ Date

Sponsoring Instructor (Print) UST ID# Signature Date

X ____________________________ 10 ____________________________

Signature of Chair /Director of Sponsoring Department/Program Date

X ____________________________

Signature of Chair of Review Committee (for Core Curriculum requirement only) Date

X ____________________________

Signature of Appropriate Dean Date

X ____________________________