



**ADMINISTRATIVE MEMORANDUM**

**VPAA 10-02**

**September 17<sup>th</sup>, 2010**

**SUBJECT: Policy on Independent Academic Work (IAW) Courses Numbering and Naming**

**DISTRIBUTION: All Faculty, Staff, and Administrative Offices**

This policy covers Independent & Directed Study and Senior/Master's Thesis & Project courses in which the vast majority of learning will be the responsibility of the individual to seek out and acquire knowledge. The following course numbers are appropriate for these S-class courses:

199, 299, 399, 499, 599, 699, 799 Baccalaureate/Master's Directed/Independent Study  
490/690 Senior/Master's thesis  
492/692 Senior/Master's Project  
495/695 Senior/Master's (Field, Applied, Directed) Research

Independent Academic Work (IAW) courses involve independent student work as the primary mode of instruction augmented by required interactions with a faculty member acting as an advisor or monitor of the student's work. The supervising faculty member and the student will document the course topic, learning outcomes, scope of work, number of hours expected for student work, number of credits to be awarded, number and nature of student/faculty contacts during the term and the criteria for evaluating the results of the independent work using the IAW Course Form.

IAW courses may be appropriate for the following purposes:

1. Directed or independent remedial review
2. Directed study to address topics not available at HSU (student or faculty topics)
3. Directed study for transfer students who have partial course articulations to address specific deficits.
4. Independent supervised study lab, library, field
5. Enrichment activities/study for advanced students
6. Academic conference activities/Research projects
7. Special projects
8. Interdisciplinary study for students where HSU lacks structured coursework

Course titles should be entered into the university catalog/course schedule using the generic title Independent/directed study, fieldwork, or thesis. Specific titles can be used at the departmental level where useful. Specific course names may only be submitted to the Registrar for inclusion in official records where external requirements such as accreditation, professional standards or certification require the use of a specific course name. In those cases, the course should be titled "Independent Study: Name of class" to ensure the clearest possible communication of the work. Such external requirements must be documented at the time the request for assigning a specific title to an IAW course is submitted to the Registrar.

When an IAW study course is used, it must be taught as directed/independent study. These course numbers are not intended to provide a mechanism for teaching variable topics in a group instruction format. If there is a need for a topics course, such a course can and should be proposed and approved via the usual course proposal process. The substitution of a group instruction experience is contrary to the spirit of directed study. However, the use of IAW courses is not restricted to one student and may be used as appropriate for small groups.

Ongoing courses that use independent study as the mode of instruction should be sent through the standard curriculum process. Low-enrolled classes taught in a traditional, non-independent-study manner are not to be offered under IAW course numbering as a substitute for cancellation.

PASSED – Academic Senate – 2/23/2010  
APPROVED – President Richmond – 3/19/2010

## Independent Academic Work Course Form

The information on the following forms must be provided prior to student registration in the course.

**If the scope of work requires students to leave campus (either domestically or internationally) as part of the independent academic work, completion of the CSU liability waiver (Appendix A, attached) is required before the student is allowed to register for this course.**

Any IAW course that involves students leaving the United States must follow the study abroad policies. If this study requires travel outside the U.S. contact the International Programs office for appropriate procedures; attach completed and approved Independent Study Abroad Proposal before submitting the IAW Course Forms to the Department Office.

**The IAW agreement may be used for multiple semesters if the coursework requires a student to register in a new section each semester while the project is ongoing. Please include all semesters and CRNs for which this independent study is active. (To be filled out in successive semesters/years as needed)**

Semester(s)/Year \_\_\_\_\_ crn \_\_\_\_\_

Semester(s)/Year \_\_\_\_\_ crn \_\_\_\_\_

Semester(s)/Year \_\_\_\_\_ crn \_\_\_\_\_

Semester(s)/Year \_\_\_\_\_ crn \_\_\_\_\_

Semester(s)/Year \_\_\_\_\_ crn \_\_\_\_\_

Semester(s)/Year \_\_\_\_\_ crn \_\_\_\_\_

## Independent Academic Work Agreement

**Student's Name** \_\_\_\_\_

**Instructor** \_\_\_\_\_ **Department**

**Course Number** \_\_\_\_\_ **Type of course (directed/independent/field  
etc.)** \_\_\_\_\_

**Title of course/project:**

\_\_\_\_\_

**Number of Units:** \_\_\_\_\_

1. Describe the project/research to be undertaken, including the goal or outcomes of the course and the scope of work for achieving the goal. Describe the culminating activity, such as a paper or presentation. If the coursework extends beyond one semester, please articulate expectations for student work for each semester.
  
2. Describe the grading criteria.
  
3. How often and in what form (in-person, email, phone) will the instructor and student be in contact. (A minimum of three student/faculty consultations are expected each semester. Faculty may require more contacts as necessary.)
  
4. Expected number of hours of student work \_\_\_\_\_ for each unit of credit (In general, it is expected that the successful student will spend a minimum of three hours of preparation per week for each unit earned.) Faculty may call for more hours as required to meet the objectives of the course.

5. Additional considerations (mark all that apply).

- Requires additional fees.
- Involves Human Subjects and requires IRB approval.
- Involves animal subjects and requires IACUC.
- Other \_\_\_\_\_

PASSED – Academic Senate – 2/23/2010 (Resolution #19-09/10-AP)

APPROVED – President Richmond – 3/19/2010

If the scope of work requires students to leave campus (either domestically or internationally) as part of the independent academic work, completion of the CSU liability waiver (below) is required before the student is allowed to register for this course.

**HUMBOLDT STATE UNIVERSITY**

RELEASE OF LIABILITY, PROMISE NOT TO SUE, ASSUMPTION OF RISK AND  
AGREEMENT TO PAY CLAIMS

What potential dangers are associated with the scope of work described above:

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Activity Date(s) and Time(s): (may be a range e.g., between 1/13 and 4/30 during normal business hours)

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Activity Location(s): (general geographic location e.g., Arcata and surrounding farm land)

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In consideration for being allowed to participate in this Activity, on behalf of myself and my next of kin, heirs and representatives, **I release from all liability and promise not to sue** the state of California, the Trustees of The California State University, California State University, Humboldt State University and their employees, officers, directors, volunteers and agents (collectively "University") from any and all claims, **including claims of the University's negligence**, resulting in any physical or psychological injury (including paralysis and death), illness, damages, or economic or emotional loss I may suffer because of my participation in this Activity, including travel to, from and during the Activity. I am voluntarily participating in this Activity. I am aware of the risks associated with traveling to/from and participating in this Activity, which include but are not limited to

physical or psychological injury, pain, suffering, illness, disfigurement, temporary or permanent disability (including paralysis), economic or emotional loss, and/or death. I understand that these injuries or outcomes may arise from my own or other's actions, inaction, or negligence; conditions related to travel; or the condition of the Activity location(s). **Nonetheless, I assume all related risks, both known or unknown to me, of my participation in this Activity, including travel to, from and during the Activity.**

I agree to **hold** the University **harmless** from any and all claims, including attorney's fees or damage to my personal property that may occur as a result of my participation in this Activity, including travel to, from and during the Activity. If the University incurs any of these types of expenses, I agree to reimburse the University. If I need medical treatment, I agree to be financially responsible for any costs incurred as a result of such treatment. I am aware and understand that I should carry my own health insurance.

I am 18 years or older. **I understand the legal consequences of signing this document, including (a) releasing the University from all liability, (b) promising not to sue the University, (c) and assuming all risks of participating in this Activity, including travel to, from and during the Activity.**

I understand that this document is written to be as broad and inclusive as legally permitted by the state of California. I agree that if any portion is held invalid or unenforceable, I will continue to be bound by the remaining terms.

I have read this document, and I am signing it freely. No other representations concerning the legal effect of this document have been made to me.

Participant Signature: \_\_\_\_\_

Participant Name (print): \_\_\_\_\_

Date: \_\_\_\_\_

***If Participant is under 18 years of age:***

I am the parent or legal guardian of the Participant. I understand the legal consequences of signing this document, including (a) releasing the University from all liability on my and the Participant's behalf, (b) promising not to sue on my and the Participant's behalf, (c) and assuming all risks of the Participant's participation in this Activity, including travel to, from and during the Activity. I allow Participant to participate in this Activity. I understand that I am responsible for the obligations and acts of Participant as described in this document. I agree to be bound by the terms of this document.

I have read this two-page document, and I am signing it freely. No other representations concerning the legal effect of this document have been made to me.

\_\_\_\_\_  
Signature of Minor Participant's Parent/Guardian

\_\_\_\_\_  
Name of Minor Participant's Parent/Guardian (print)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Minor Participant's Name

*S:\CPRM\Dept\Dave\Release of Liability.docx*