



Year

Host Institution

**Summer
Independent Study Project
Description Form**

ISP Number

1st 2nd 3rd
 4th (Optional)

This document embodies planning toward core-learning goals, including communication skills, content knowledge, and critical and creative thinking skills.

Instructions: Check the appropriate boxes above and complete the information requested on this form. Attach extra sheet(s) if necessary.

Name: _____ SID: N _____
(Last) (First)

Expected Year of Graduation: _____ Box #: _____

A Summer ISP can be fulfilled only through transferable credit from an accredited college or university, with completion at that host institution of 4 or more semester credit hours (or 6 or more quarter credit hours) with grade(s) of C or better (or the equivalent). Only one ISP through transfer of credit is permitted toward your New College degree.

Your Academic Sponsor serves as Project Advisor for this Summer ISP. Completion of the work is due by the day before Fall classes begin (or earlier if specified by the host institution or your Sponsor/Advisor). **Receipt of the host institution official transcript is due by the last day of Fall classes (that subsequent term), or earlier if specified by your Sponsor/Advisor.**

You are responsible for arranging to have an official transcript sent directly to the NCF Office of the Registrar by the host institution.

Course(s) and credit hours (semester or quarter) you will take toward this Summer ISP:

Course Name	Semester Credit Hours	Quarter Credit Hours

Host Institution's Address:

Project Sponsor & Academic Advisor: _____
First Name Last Name

Signature Date

If this is your first ISP, signature approval from the Office of the Provost is required:

Provost _____ Date _____

Student Signature: _____ **Date:** _____