

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 Studies office for appropriate procedures; attach completed International Studies forms 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

Appendix A: 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:

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

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

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