**SHEFFIELD HALLAM UNIVERSITY**

**FORM ISM**

**INDEPENDENT STUDY MODULE - APPLICATION FORM**

**Independent Study Modules (ISMs)** are credit bearing modules that are created for individual students who need to retrieve a credit deficit in a core module, which is no longer available, to enable them to gain an award. In such cases, the agreed learning outcomes for the ISM must be consistent with those of the core module that is being replaced.

***IMPORTANT:-***

* This form is to be completed by the **relevant Course Leader**
* The application must be discussed with, and approved by, the Faculty Head of Quality and Course External Examiner
* Applications for an ISM must be countersigned by the Head of Department to confirm support the proposal and agree any necessary resources

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| **1. STUDENT AND COURSE DETAILS** |
| **Student surname**  |  |
| **Student forename**  |  |
| **Student number**  |  |
| **Full Course/Programme title**  |  |
| **Mode of study** |  |
| **Current level of study** |  |

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| **2. REASON FOR AN ISM**Please state clearly how the credit deficit has arisen, and include the title(s) of the core module(s) that is no longer available and why an alternative module is not appropriate. |
| **3. DETAILS OF ISM PROPOSAL** |
| **Amount of credit** |  |
| **Level** |  |
| **Start date** (*must align to Academic Calendar)* |  |
| **End date** (*must align to Academic Calendar)* |  |
| **Supervisor's name** |  |
| **Number of contact hours** |  |
| **Format of contact hours** |  |
| **Assessment details** Please include word limit, notional study time, deadlines for submission, and learning outcomes and their relevance to assigned level of credit. |
| **Is ethical approval required?**  |  |
| **Date of internal moderation** |  |
| **Date of external moderation** |  |
| **Date of Departmental Assessment Board to consider result of ISM**  |  |
| **Additional study materials/resources required**  |
| **Staff resources required** Please include details of marking and internal and external moderation. |
| **4. COURSE LEADERS COMMENTS** |
| **Signature**  |
| **Date** |

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| **5. FACULTY HEAD OF QUALITY COMMENTS**  |
| **Signature for approval** |
| **Date** |

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| **6. EXTERNAL EXAMINER COMMENTS**  |
| **Signature for approval** |
| **Date** |

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| **7. HEAD OF DEPARTMENT COMMENTS**  |
| **Signature for approval** |
| **Date** |