



# Independent Study Contract

(Use the Licensure Only IS contract  
for out of state licensure requirements)

STUDENT INFORMATION			
Student Name:		Date:	
Telephone:		Track:	

CONTRACT INFORMATION			
I, the undersigned, request enrollment in the following Independent Study for the time period:			
<b>Enrollment Type</b>		<b>Term</b>	<b>Year</b>
<input type="checkbox"/> Independent Study		<input type="checkbox"/> Fall (10/1-12/31)	_____
Course ID # _____ Unit Value _____		<input type="checkbox"/> Winter (1/1-3/31)	_____
Title _____		<input type="checkbox"/> Spring (4/1-6/30)	_____
Objectives _____		<input type="checkbox"/> Summer (7/1-9/30)	_____
<b>Note: A syllabus is required. Please attach the syllabus.</b>			
Instructor Name _____			
Due Date _____			
(the due date may not be later than the quarter end dates noted above)			

<p>A student contracts with an instructor for a three month period (coincides with the calendar quarter dates noted above) to complete course requirements.</p> <p>Submit the contract to instructor for signature before beginning the Independent Study. The instructor will attach a syllabus and submit the contract to the Program Chair, who will approve, sign and forward to the Registrar. <b>Independent Study Contracts must be approved and signed by the Program Chair.</b> Student to submit IS coursework and IS grade change form to the instructor by the due date.</p> <p>The student is charged a per unit tuition fee for the course. The student is considered enrolled while taking an independent study.</p>	<p><b>Required Signatures:</b></p> <p>_____ Student Date _____</p> <p>_____ Instructor Date _____</p> <p>_____ Program Chair Date _____</p> <p>_____ Registrar Date _____</p> <p>_____ Student Accounts Office Date _____</p> <p>New Course _____ Retake _____ (original year/term) Passed Prereq _____ Revised 7/2017</p>
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