



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:			
Enrollment Type		Term	Year
<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)	_____
Note: A syllabus is required. Please attach the syllabus.			
Instructor Name _____			
Due Date _____			
(the due date must coincide with the quarter dates noted above)			

<p>A student contracts with an instructor for a three month period (coincides with the calendar 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 sign and forward to the Registrar. Student to submit IS coursework and IS grade change form to the instructor by the due date.</p> <p>Independent Study Contracts must be approved and signed by the Program Chair.</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>Required Signatures:</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)</p> <p>Revised 6/2016</p>
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