



Licensure ONLY
Independent Study
Contract

STUDENT INFORMATION			
Student Name:		Date:	
Telephone:		Track:	

CONTRACT INFORMATION			
<p>I, the undersigned, request enrollment in the following <u>Independent Study for approved additional coursework to meet out-of-State licensing requirements</u> for the time period:</p>			
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)	_____
<p>Note: A syllabus is required. Please attach the syllabus to this contract.</p>			
Instructor Name _____			
Due Date _____			
(the due date must coincide with the quarter dates noted above)			
<p>This Independent Study Contract must be approved by the Program Chair and must be undertaken prior to completion of all degree requirements and degree posting.</p> <p>A student contracts with an instructor for a three month period (coincides with the calendar dates noted above) to complete coursework.</p> <p>Submit the IS contract to the instructor for signature. The instructor will attach a syllabus and submit the contract to the Program Chair, who will sign and forward to the Registrar.</p> <p>The student must secure a syllabus from the instructor.</p> <p>The student is charged a per unit tuition fee for the additional course. This tuition is not covered by Financial Aid.</p> <p>Revised 7/2017</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>_____ Licensing Requirement _____</p>	