



**Licensure ONLY**  
**Independent Study**  
**Contract**

**STUDENT INFORMATION**

Student Name:		Date:	
Student ID Number:		Track:	

**CONTRACT INFORMATION**

**I, the undersigned, request enrollment in the following Independent Study for approved additional coursework to meet out-of-state licensing requirements for the time period:**

**Enrollment Type**

Independent Study

Course ID # \_\_\_\_\_ Unit Value \_\_\_\_\_

Title \_\_\_\_\_

Objectives \_\_\_\_\_

**Note: A syllabus is required. Please attach the syllabus to this contract.**

Instructor Name \_\_\_\_\_

Due Date \_\_\_\_\_

(the due date must coincide with the quarter dates noted above)

**Term**

**Year**

Fall  
(10/1-12/31) \_\_\_\_\_

Winter  
(1/1-3/31) \_\_\_\_\_

Spring  
(4/1-6/30) \_\_\_\_\_

Summer  
(7/1-9/30) \_\_\_\_\_

**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.**

A student contracts with an instructor for a three month period (coincides with the calendar dates noted above) to complete coursework.

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, if approved, and forward to the Registrar.

The student must secure a syllabus from the instructor.

The student is charged a per unit fee for the additional course. **This is not covered by Financial Aid.**  
Revised 6/2018

**Required Signatures:**

\_\_\_\_\_  
Student Date

\_\_\_\_\_  
Instructor Date

\_\_\_\_\_  
Program Chair Date

\_\_\_\_\_  
Registrar Date

\_\_\_\_\_  
Student Accounts Office Date

Licensing Requirement \_\_\_\_\_