



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 indicated:

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 to this contract.		
Instructor Name _____		
Due Date _____		
(the due date must coincide with the quarter dates noted above)		

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 8/2019

Required Signatures:

_____	_____
Student	Date
_____	_____
Instructor	Date
_____	_____
Program Chair	Date
_____	_____
Registrar	Date
_____	_____
Student Accounts Office	Date