



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

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 8/2020

Required Signatures:

Student Date

Instructor Date

Program Chair Date

Registrar Date

Student Accounts Office Date