



Independent Study Contract

(Use the Licensure Only IS contract for out of state licensure requirements)

STUDENT INFORMATION

Student Name:		Date:	
Student ID Number:		Track:	

CONTRACT INFORMATION

I, the undersigned, request enrollment in the following Independent Study for the Term/Year 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.		
Instructor Name _____		
Due Date _____		
(the due date may not be later than the quarter end dates noted above)		

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

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, if approved, will sign and forward to the Registrar.

Independent Study Contracts must be approved and signed by the Program Chair. Student to submit IS coursework and IS Grade Form to the instructor by the due date.

The student is charged a per unit tuition for the course. The student is considered enrolled while taking an independent study.

Required Signatures:

_____	_____
Student	Date
_____	_____
Instructor	Date
_____	_____
Program Chair	Date
_____	_____
Registrar	Date
_____	_____
Student Accounts Office	Date
New Course _____ Retake _____ (original year/term) Passed Prereq _____	
Confirmed with AP _____	
Revised 8/2022	