



# PACIFICA

GRADUATE INSTITUTE

## 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

☐ Independent Study

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

Title \_\_\_\_\_

Objectives \_\_\_\_\_

**Note: A syllabus is required. Please attach the syllabus.**

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

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

(the due date may not be later than the quarter end dates noted above)

#### Term

☐ Fall  
(10/1-12/31)

☐ Winter  
(1/1-3/31)

☐ Spring  
(4/1-6/30)

☐ Summer  
(7/1-9/30)

#### Year

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

#### Independent Study Contracts must be approved and signed by the Program Chair.

- 1) Before engaging in the IS, it is the student's responsibility to confirm the Registrar's Office has received the IS contract complete with all required course information and signatures.
- 2) Submit the completed contract to instructor for signature before beginning the Independent Study.
- 3) The instructor will attach a syllabus and submit the contract to the Program Chair.
- 4) The Program Chair must approve, sign and forward to the Registrar's Office.
- 5) Student submits IS coursework and IS Grade Form to the instructor by the due date.
- 6) The student is charged a per unit tuition for the course. A late registration fee is assessed for forms submitted after the start of the IS quarter. 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 \_\_\_\_\_ RO rcvd date/assess late reg fee \_\_\_\_\_  
Revised 8/2025