## **APPLICATION FOR INDEPENDENT STUDY**



Student must complete student information and schedule appointment to meet with a counselor

to determine if the student meets the criteria for Independent Study.

STUDENT INFORMATION				
Term: Fall Spring Summer	Yea	ur:		
Student's Name			Student ID#	
Student's Signature			Phone Number	
Address		City	State	Zip
COURSE INFORMATION				
Course Subject and Number	Course Title		Units	
COUNSELOR PORTION Select at least two	of the fol	lowing options		
<ul> <li>Course is not offered during the current term (REQUIR</li> <li>Course is needed to meet graduation requirements for</li> <li>Student is within one semester of completing graduation</li> </ul>	student'			
If the student meets the criteria, please <i>forward this for</i> coordinate with the appropriate Instructional Dean to Study.				
Counselor Name	Co	ounselor Signature		
INSTRUCTIONAL DEAN				
To be completed by Instructional Dean. Once completed         Course will be offered in lieu of Independent Study         Independent Study is approved         Instructor not available         Other:	eted, plea	ise forward to Assigned	Instructor	
Instructional Dean		Ι	Date	
INSTRUCTOR PORTION				
Please complete the following and <i>forward this form</i> to	your <u>Ins</u>	<mark>structional Dean.</mark>		
Term:; _ 1st 9 weeks _ 2nd 9 w	veeks	18 weeks 🗌 Other		
Mode of Instruction: Live/In person Via Canvas Other/hybrid (please specify) Meeting Day(s): Monday Tuesday Wednesday [ Meeting Time:			-	Synchronous
Summary of student's proposed program ( <u>syllabus must l</u> List books or other works to be covered				
List other related planned work/activity				
Evaluative measures to be used Requesting compensation for class Yes No Instru	ictor B Ni	ımber		
Instructor's Name		structor's Signature		
<u>Instructional Dean:</u> Please forward the completed forn Admissions and Records will notify the Student, Coun in the course.				

CRN	Date Created
Date Registered	Notified by