



# 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: <input type="checkbox"/> Fall <input type="checkbox"/> Spring <input type="checkbox"/> Summer		Year: _____	
Student's Name		Student ID#	
Student's Signature		Phone Number	
Address	City	State	Zip

## COURSE INFORMATION

Course Title	Course Number (TBA)	Units
--------------	---------------------	-------

## COUNSELOR PORTION

- ☐ Course is not offered during the current term  
☐ Course is needed to meet graduation requirements for student's program of study  
☐ Student is within one semester of completing graduation requirements

**If the student meets the criteria, please forward this form and a copy of their Education Plan to the Dean of Counseling and Student Success who will coordinate with the appropriate Instructional Dean to determine if faculty are available to offer the Independent Study.**

Counselor Name	Counselor Signature
----------------	---------------------

## INSTRUCTIONAL DEAN

**To be completed by Instructional Dean. Once completed, please forward to Assigned Instructor**

- ☐ Course will be offered in lieu of Independent Study  
☐ Independent Study is approved  
☐ Instructor not available  
☐ Other: \_\_\_\_\_

Instructional Dean	Date
--------------------	------

## INSTRUCTOR PORTION

**Please complete the following and forward this form to your Instructional Dean.**

Term: \_\_\_\_\_; ☐ 1st 9 weeks ☐ 2nd 9 weeks ☐ 18 weeks ☐ Other \_\_\_\_\_

Mode of Instruction: ☐ Live/In person ☐ Via Canvas ☐ Via Email ☐ Via Zoom ☐ Asynchronous ☐ Synchronous  
☐ Other/hybrid (please specify) \_\_\_\_\_

Meeting Day(s): ☐ Monday ☐ Tuesday ☐ Wednesday ☐ Thursday ☐ Friday ☐ Saturday

Meeting Time: \_\_\_\_\_

Summary of student's proposed program (syllabus must be attached) \_\_\_\_\_

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 Instructor B Number \_\_\_\_\_

Instructor's Name	Instructor's Signature
-------------------	------------------------

**Instructional Dean: Please forward the completed form to Curriculum and Scheduling Specialist, Heather Brang. Admissions and Records will notify the Student, Counselor and Instruction Dean when the student has been enrolled in the course.**