

CCA GRADUATE INDEPENDENT STUDY AGREEMENT

This form is a contract between a student and an instructor for independent study. It must be submitted to the Student Records Office with all the appropriate signatures before the student can be registered for the Independent Study units.

Guidelines

Independent study is a variable (1-3)-unit course which is available to graduate matriculated students in good standing only. For approval, students must obtain the signature of the instructor, their advisor, and the Assistant or Associate Director of their program.

Independent Study may be arranged during the Fall, Spring, or Summer terms with regular CCA faculty teaching in the current term only.

TO BE COMPLETED BY STUDENT: (Please print clearly)

Name _____ Student ID # _____

Address _____
Street City State Zip Code

Home Phone _____ Work Phone _____

Major _____ Term _____ Date _____

Please describe, in detail, your proposal for the work to be accomplished in this independent study. Attach a separate sheet and be sure to address the following:

- What are the goals of the independent study? These will be used by the instructor to evaluate progress and determine grade.
- How many meetings will instructor and student have? Please specify schedule.
- Why are you taking this independent study?
 - Topic not offered in current CCA schedule
 - Can't attend required class (specify reason)
 - Make up missing units
 - Other (specify)

Student Signature _____ Date _____

TO BE COMPLETED BY INSTRUCTOR:

Instructor Name: _____ Number of units to be earned: _____

Are you teaching a regularly scheduled class in the day program at the college this term? No Yes

If NO, STOP. Students may only take independent study units with regular faculty teaching in the current term.

I understand that by signing this form, I am making a commitment to assist this student in completing his or her proposed project during the semester or summer term without compensation, and for minimally the number of hours specified over the 15-week semester. I understand also that I must submit a grade for this student by the Wednesday following the end of the term.

Instructor Signature _____ Date _____

ADVISOR/PROGRAM MANAGER APPROVAL AND WAIVER:

Course requirement for which this Independent Study will apply (if elective, simply write "elective") _____

Advisor Approval _____ Date _____

ADDITIONAL APPROVAL:

Director of Academic Administration:

Signature _____ Date _____

SRO Use Only:

Course Number _____ Waiver Posted _____ Initials _____ Date _____