

## INDEPENDENT STUDY AGREEMENT

This form is a contract between a graduate student *or* undergraduate student and an instructor for [Independent Study](#). An Independent Study course is appropriate for satisfying a degree requirement when the course satisfying the requirement is not available for a given semester. The form must be submitted to the Student Records Office with all the appropriate signatures before the student can be registered for the Independent Study course.

### Guidelines

**Independent Study is a variable unit (1-3) course available to degree-seeking, matriculated students in good standing.** For approval, students must obtain the signature of the *Instructor*, their *Program Advisor (for undergraduates)/ Program Chair (for graduate students)*, and the *Assistant Director of Academic Administration* of their program.

Independent Study may be arranged during the Fall, Spring, or Summer terms with ranked CCA faculty teaching in the current term only. Undergraduate students may register for a cumulative maximum of 12 Independent Study units.

### TO BE COMPLETED BY STUDENT: (Please print clearly)

**Student Name:** \_\_\_\_\_ **Student I.D. Number:** \_\_\_\_\_

**Student Email Address:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Major:** \_\_\_\_\_ **Term:** \_\_\_\_\_

You will need to submit your course proposal for approval. **\*\*\*Use the template on the second page to properly describe the course.**

I am taking this Independent Study because the class necessary for the degree requirements is not available for the given term. Signing this form entails agreeing to the terms of the course as described on the following page.

**Student Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

### TO BE COMPLETED BY INSTRUCTOR:

**Instructor Name:** \_\_\_\_\_ **Number of units to be earned:** \_\_\_\_\_

I currently teach in the program offering the course requirement that the independent study means to fulfill:  No  Yes

If NO, STOP. Students may only take independent study units with ranked faculty teaching in the current academic year.

I understand that by signing this form, I commit to assisting this student in completing their proposed project during the semester or summer term without additional compensation, and for minimally the number of hours specified on the proposal over the 15-week semester.

**Instructor Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

### PROGRAM ADVISOR/CHAIR APPROVAL AND WAIVER:

**Course requirement** for which this Independent Study will apply: \_\_\_\_\_

**Program Advisor Approval Signature :** \_\_\_\_\_ **Date:** \_\_\_\_\_  
(For Undergraduate Students Only)

**Chair Approval Signature :** \_\_\_\_\_ **Date:** \_\_\_\_\_  
(For Undergrade and Graduate Students)

### ADDITIONAL APPROVAL:

**Assistant Director of Academic Administration Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**INDEPENDENT STUDY PROPOSAL – Please complete in collaboration with the *Instructor*.**

**1) Provide a brief course description (1-2 paragraphs).**

**2) Please obtain a list of the course learning outcomes that exist for the degree requirement being fulfilled by this Independent Study and provide that list here. These learning outcomes will be used by the instructor to evaluate progress and determine the grade.**

**3) Please provide a descriptive list of the assignments to be completed for the course.**

**4) Please specify the instructor-student meeting schedule, including total contact hours.**