



# INDEPENDENT STUDY CONTRACT

STUDENT NAME: \_\_\_\_\_

CAMPUS: \_\_\_\_\_ STUDENT NUMBER: \_\_\_\_\_

COURSE NAME & NUMBER: \_\_\_\_\_

This course will be self-directed, and all work must be completed with minimum supervision. The student must meet with the Instructor at a time (or times) specified by the Instructor to discuss course requirements, progress, and any problems related to the assigned material.

The student must notify the Instructor if he/she is unable to attend a scheduled meeting. Failure to notify the Instructor and/or provide a reasonable excuse may result in the student receiving an incomplete grade in the course.

Textbook: \_\_\_\_\_

Other Materials: \_\_\_\_\_

Evaluation:	VALUE	DATE
Assignments (Details)	_____	_____
Labs (Details)	_____	_____
Tests	_____	_____
Final Exam	_____	_____

Any changes in the due dates for evaluation items must be cleared through the Instructor. The Instructor for this course will be available for consultation as shown below.

DAY \_\_\_\_\_ TIME \_\_\_\_\_ ROOM \_\_\_\_\_

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*I have read and understand the Privacy Statement above and consent to the collection and use of this personal information.*

STUDENT \_\_\_\_\_ DATE \_\_\_\_\_

INSTRUCTOR \_\_\_\_\_ DATE \_\_\_\_\_

COOR INSTR \_\_\_\_\_ DATE \_\_\_\_\_

CAMPUS ADMINISTRATION \_\_\_\_\_ DATE \_\_\_\_\_

**PROVIDE A COPY TO STUDENT, INSTRUCTOR, AND CAMPUS ADMINISTRATION**