Independent Study Proposal and Contract

Procedure:
1. In consultation with your instructor, complete this Independent Study form. ALL QUESTIONS MUST BE ANSWERED. (Remember to have your instructor sign the bottom of the form.)
2. Submit this form to the ICC Student Services Office (108 College Center) for review by the Chief Academic Officer. **Please attach a course syllabus to the form.**
3. You will be sent a copy of your registration after the Chief Academic Officer has responded to this Independent Study proposal.
4. Once you receive your signed copy of the Independent Study proposal (see #3 above), you must pay the Independent Study processing fee ($75) plus the tuition and fees for this class at the Business Office (109 College Center).

Student Name_________________________________________ Student # __________________________
Instructor________________________________________________ Dept. & Course #____________________
Course Name_____________________________________________ Number of Credits__________________
In which semester will you be fulfilling this Independent Study (include year)?________________________
Is this a degree requirement? ________________________________

Checklist for those items that need to be addressed in the syllabus (see item #2 above).

______ It includes a course description
______ It includes course objectives
______ It includes a list of meeting times between student and instructor
______ It lists any materials needed in order to fulfill the Independent Study
______ It indicates assessment method(s) to be used as student completes course objectives
______ It indicates any additional instructor requirements for this particular study

Additional comments may be placed on a separate sheet of paper, if necessary.

Student’s Signature________________________________________
Instructor’s Signature________________________________________
Chief Academic Officer’s Signature________________________________

*This form becomes the study contract when properly signed.*

DO NOT WRITE BELOW THIS LINE – FOR OFFICE USE ONLY

Copies to: Student Services Office
Student ___________________________ Date of Payment: __________________________
Instructor ___________________________ By: __________________________
Chief Academic Officer ___________________________ 12/2014