

Process for Submitting the Independent Study Contract (form attached)

Faculty:

1. In conjunction with student, Faculty should complete all fields pertaining to study. Print completed form and sign.
2. Faculty must take original form to Division Dean for signature approval.

Division Dean:

3. Division dean signs form and forwards to VP of Academic Services for approval.

Office of Academic Services:

4. Once approved and assigned a Course Registration Number (CRN), a digital copy is sent to the Division Dean and Faculty member. Faculty will print a copy of the form and give to the student so that he/she can register in the Office of Admissions and Records.
5. The Office of Academic Services will retain original document.

NOTE: Any supporting documentation (i.e. Summary of Completed Work) should be retained by the Division office.

CHABOT-LAS POSITAS COMMUNITY COLLEGE DISTRICT
Office of Academic Services
INDEPENDENT STUDY CONTRACT (Other than regular courses)
 (This contract is due to the Vice President of Academic Services by the 17th day of instruction)

SUBJECT AREA: _____ **SEMESTER** _____ **YEAR** _____
 (e.g. English, Mathematics, etc.)

STUDENT'S FULL NAME* _____ **W #** _____
 *(Note: attach list if there is more than one student in this contract with this instructor; Include W# and signature of each student)

FACULTY NAME (Please Print) _____

NUMBER OF UNITS REQUESTED:	.5 = <input type="checkbox"/>	26	EXPECTED TOTAL HOURS OF CONFERENCE AND STUDY (Contact hours plus Independent Study)	HOURS PER WEEK	DAY(S)	<input type="text"/>
	1.0 = <input type="checkbox"/>	52		<input type="text"/>	and	<input type="text"/>
	2.0 = <input type="checkbox"/>	105			HOUR(S)/TIME(S)	<input type="text"/>

TITLE OF INDEPENDENT STUDY PROJECT: (Include topics and/or projects)

STUDENT LEARNING OUTCOME (SLO): Upon successful completion of this study, a student should be able to:

Description of what the student will be expected to do:

Responsibilities assumed by the instructor: (What commitments regarding meetings, materials and other assistance does the instructor make?)

INDEPENDENT STUDY BEGIN DATE: _____ **EXPECTED DATE OF COMPLETION:** _____

FACULTY SIGNATURE **DATE** **STUDENT SIGNATURE** **DATE**

APPROVAL OF AGREEMENT:		INDEPENDENT STUDY CRN: Assigned by Office of Academic Services <i>Any supporting documentation (i.e. Summary of Completed work) should be retained by the Division office.</i>	<input type="text"/>
_____ DIVISION DEAN	_____ DATE		
_____ VICE PRESIDENT, ACADEMIC SERVICES	_____ DATE		