

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 17<sup>th</sup> 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) \_\_\_\_\_

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

<b>APPROVAL OF AGREEMENT:</b>		<b>INDEPENDENT STUDY CRN:</b> 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"/>
_____ <b>DIVISION DEAN</b>	_____ <b>DATE</b>		
_____ <b>VICE PRESIDENT, ACADEMIC SERVICES</b>	_____ <b>DATE</b>		