San Diego Community College District

Application for Independent Study

❑ City ❑ Mesa ❑ Miramar ❑ ECC ❑ Fall ❑ Spring ❑ Summer Year: _____

Student Name: _____ Student ID Number: _____
Last First MI

Course Information

Subject: _____ Course Reference No.: _____ Course No.: _____
(Department) (CRN)

Title of Course: _____ Units: _____

Name of Instructor: _____
(PRINT)

Student agrees to work _____ hours on this project, but no less than a minimum of 48 hours per unit.

Project goals: _____

Describe project methodology and activities: _____

Describe how project is to be evaluated: _____

Indicate the frequency of and arrangements for consultation with the instructor: _____

Specify any college facilities to be used: _____

I accept this plan for independent study and certify that I have provided proper evidence showing the completion of the required prerequisites for the specified course.

Student Signature: _____ Date: _____

OFFICIAL USE ONLY

❑ **Approved** ❑ **Denied**

Instructor's Signature Date

Department Chair's Signature Date

Academic Dean's Signature Date

Vice President of Instruction's Signature Date

Distribution: Original sent to campus Admissions & Records Office at the time grades are submitted
Signed copy will be mailed to student upon approval
Signed copy to be retained by instructor for instructor's files