San Diego Community College District
Application for Independent Study

City □ Mesa □ Miramar □ ECC □ Fall □ Spring □ Summer Year: _________

Student Name: ___________________________________________ Student ID Number: __________

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Course Information

Subject/Course: ___________________________ Class Number: ___________________________

(i.e. PSYC 125)

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.

(# of hours)

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