INDEPENDENT STUDY PETITION

Semester/Session (Check one): ❑ Fall ❑ Spring ❑ Summer Year: _____

Name: _____ ID#: _____
LAST NAME FIRST MIDDLE

Email address: _____ Phone #: _____

Subject Area (ex: Math, Span, Engl, Art, etc.):_____

Title of Special Study:_____

Instructor's Name: _____ _____
LAST NAME FIRST **SCHOOL/DEPARTMENT**

DEADLINE FOR FILING PETITION

- End of the third week of a semester
- End of the first week of summer session

RESEARCH PROJECT

Title of Proposed Research Project: _____

OBJECTIVE: What do you plan to accomplish by completing this proposal?

_____

_____

_____

DESCRIPTION: Briefly indicate how you intend to accomplish your objective. This description may include such things as literature to be reviewed, materials and equipment needed methodology, etc.

_____

_____

_____

Estimated Completion Date: _____

NOTE: You must be registered in at least one other graded course in the semester for which you are applying for independent study. Check the college catalog for eligibility requirements. Both sides of this petition *must* be completed and signed by required parties.

I understand that I can receive credit for no more than nine units of Independent Study and a maximum of six units in one department.

_____ _____
STUDENT'S SIGNATURE DATE

INSTRUCTOR/INSTRUCTIONAL ADMINISTRATOR USE ONLY

METHOD OF EVALUATION

_____

_____

_____

CHECK ONLY ONE:

☐ **1 UNIT** Expected total hours of conference and study per semester **48**

☐ **2 UNITS** Expected total hours of conference and study per semester **96**

☐ **3 UNITS** Expected total hours of conference and study per semester **144**

Days/Hours of Instructor Availability: M T W Th F Sat TIME (S) _____

By signing below, I acknowledge that I have made previous arrangement with the petitioning student to complete the necessary work for the units specified.

_____ _____
INSTRUCTOR'S SIGNATURE DATE

_____ _____
INSTRUCTIONAL ADMINISTRATOR'S SIGNATURE DATE

ADMISSION OFFICE USE ONLY

Course offered in current catalog **YES** ☐ **NO** ☐

Non-probationary status **YES** ☐ **NO** ☐

Previous independent study units _____ Current Units _____

APPROVED ☐ **DENIED** ☐

_____

_____

Course/Section No: _____ Date entered: _____

Clerk's Initials: _____ Date student notice mailed: _____