INDEPENDENT STUDY PETITION

Semester/Session (Check one): ☐ Fall  ☐ Spring  ☐ Summer  Year: _______________

Name: _____________________________________________________  ID#: ______________________

LAST NAME                        FIRST                                MIDDLE

Email address: ______________________________________________  Phone #: __________________

Discipline (ex: Math, Span, Engl, Art, etc.): ________________________________________________________

Title of Special Study:____________________________________________________________________________

Instructor’s Name: __________________________________________________________ _____________________________

LAST NAME                        FIRST NAME

SCHOOL/DEPARTMENT

I understand that an Independent Study Course cannot be repeated more than once in the same discipline (ex: Art, Biology, Business, etc.), with a maximum of 9 units of independent study total. I am registered in at least one other graded course in the semester I am requesting independent study. I have consulted the college catalog for eligibility requirements, and both sides of this petition must be completed and signed by required parties.

____________________________________________ ___________________________
STUDENT’S SIGNATURE                                            DATE

RESEARCH/ADVANCE LEARNING PROJECT

Title of Proposed Project: ____________________________________________________________

OBJECTIVE: What are your goals in completing this Independent Study course?

_________________________________________________________________________________
_________________________________________________________________________________
_________________________________________________________________________________

DESCRIPTION: Briefly indicate how you intend to accomplish your objective. This description may include such things as literature to be reviewed, advanced learning in the subject matter, etc.

_________________________________________________________________________________
_________________________________________________________________________________
_________________________________________________________________________________

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

With the following Grading Method: ☐ PASS/NO PASS     OR     ☐ LETTER GRADE (A, B, C, D, F)

ESTIMATED COMPLETION DATE: ______________________________________________________

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

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

____________________________________________ ___________________________
INSTRUCTOR’S SIGNATURE

____________________________________________ ___________________________
DATE

____________________________________________ ___________________________
SCHOOL CHAIR/DEAN SIGNATURE

____________________________________________ ___________________________
DATE

ADMISSION OFFICE USE ONLY

Course offered in current catalog  YES ☐ NO ☐

Non-probationary status  YES ☐ NO ☐

Has not completed more than 9 units in Independent Study  YES ☐ NO ☐

Has not completed Independent Study units in the same discipline (ex: Art, Biology, Business, etc.)  YES ☐ NO ☐

Current Unit Load  ______

APPROVED ☐ DENIED ☐

________________________________________________________________________
________________________________________________________________________

Course/Section No: ___________________________  Date entered: ______________

Clerk’s Initials: ___________________________  Date student emailed: ______________

DEADLINE FOR FILING PETITION
- End of the third week of a semester
- End of the first week of summer session