



INDEPENDENT STUDY PROPOSAL

Student Name: _____ Signature: _____

Date: _____

Faculty Name: _____ Signature: _____

Date: _____

Quarter and Year _____

Number of Units: 1 _____ 2 _____ 3 _____

For: Grade _____ or Pass/No-Pass _____

Student: On a separate sheet of paper, please provide a detailed synopsis of the independent course of study. This should include your reasoning for requesting an independent study, your interest in this particular course, and what you hope to learn from this course.

Instructor: On a separate sheet of paper, please provide a detailed description of what will be the requirements for this Independent Study? Please include a listing of all required (optional: recommended) course materials, such as books and articles.

Also, indicate a quantity of the following as required to pass the course:

Written reports or papers _____ # of pages _____

Hours of practical experience _____

Other _____

Program Director approval:

Name: _____ Signature: _____

Date: _____

APPROVED: _____ DENIED: _____