



College of Alameda
Office of Instruction
Independent Study

Submit this contract to the Division Dean **no later than the last day to add classes in the semester.**

Department: _____

Code: _____

Semester: _____

Year: _____

Student's Full Name: (Last Name, First Name) _____

SID _____

- Note:
- 1) Complete one contract for each student enrolled in Independent Study.
 - 2) Limit total enrollment to a maximum of eight (8) students per department.
 - 3) For regulations governing independent Study courses, see College Catalog.

UNIT (Circle one): 1 2 3 4 5

Indicate the number of hours required for student to complete the project: _____

Indicate what arrangements have been made for students to have consultation with the instructor.

Title of Independent Student Project (including topics and/or projects):

Description of what the student will be required to do:

Description of the method of evaluation to be utilized: (What evidence will be presented that objective have been met?)

Expected date of completion: Date: _____

Student Signature

Date

Full-time Faculty Name and Signature

Date

APPROVED BY:

Department Chair Name and Signature

Date:

Division Dean's Name and Signature

Date:

Date Completed: - - Faculty Member's Signature: _____

DISTRIBUTION: (1) Division Dean's Office; (2) Instructor; (3) Student; (4) File (original - VP's Office)