Office of the Registrar



**Independent Study Request**

*SCCC*

Last Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ First Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ MI: \_\_\_\_\_\_\_\_

CWID: \_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_ Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Course Prefix Course Number Section Number Semester: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Year: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Academic Purpose of the Study:**

“To Graduate” or “Earn hours for Financial Aid” are insufficient rationale. Explain why a course substitution is not acceptable if availability of a course is the issue.

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**Topic to be Investigated:**

Phrase this as academic inquiry; what learning objectives are established?

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**Methods of Inquiry:**

Some level of detail necessary to support the assessment is required.

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**Instructor’s Method of Assessment:**

What outcomes are contracted between the student and instructor that can fairly be the basis of a grade?

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Student Signature Date

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Instructor Name (PRINTED) Instructor Signature Date  
  
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Department Head Signature Date

**Office Use Only**

Recorded to Banner: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Initials Date

Revised: 06/13/2017