



San Diego Community College District Application for Independent Study

City Mesa Miramar ECC Fall Spring Summer Year: _____

Student Name: _____ Student ID Number: _____
Last First MI

Course Information	
Subject/Course: _____ (i.e. PSYC 125)	Class Number: _____
Title of Course: _____	Units: _____
Name of Instructor: _____ (PRINT)	

Student agrees to work _____ hours on this project, but no less than a minimum of 48 hours per unit.
(# of hours)

Project goals: _____

Describe project methodology and activities: _____

Describe how project is to be evaluated: _____

Indicate the frequency of and arrangements for consultation with the instructor: _____

Specify any college facilities to be used: _____

I accept this plan for independent study and certify that I have provided proper evidence showing the completion of the required prerequisites for the specified course.

Student Signature: _____ Date: _____

OFFICIAL USE ONLY			
<input type="checkbox"/> Approved		<input type="checkbox"/> Denied	
_____ Instructor's Signature	_____ Date	_____ Department Chair's Signature	_____ Date
_____ Academic Dean's Signature	_____ Date	_____ Vice President of Instruction's Signature	_____ Date

Distribution: Original sent to campus Admissions & Records Office at the time grades are submitted
Signed copy will be mailed to student upon approval
Signed copy to be retained by instructor for instructor's files