



Contract for Independent Study
(Please print)

Student's Name _____
Last First Initial DMACC ID Number

Address _____ City _____ State _____ Zip _____

Phone # _____

Instructor's Name _____

Contract Completion Date _____ CRN # _____

Credit Hours _____ Total Contact Hours _____

Discipline/Program of study _____ 198
(acronym)

Title of Study _____

Description of Study: (Include objective, content of subject matter to be studied and a schedule of activities – what the student will do, what the instructor will do; attach additional material as needed.)

Rationale of Study: (Why the study should be done in addition to or in lieu of regular courses; how it will benefit the student, etc.)

Total number of college semester hours student has completed to date: _____

Total number of semester hours in discipline area of study: _____

Previous semester hours earned by student in independent study: _____
(maximum hours to be earned – 4 in any one term, 8 total)

I understand that Independent Study may be used only for elective credit. _____
Student Signature

Student's Signature _____ Date _____

Instructor's Signature _____ Date _____

Program Chairperson/Group Leader _____ Date _____

Academic Dean/Provost _____ Date _____

Copies to: Student Records, Program Chairperson/Group Leader, Instructor, Student