

INDEPENDENT STUDY CONTRACT

Term and Year: _____



STUDENT IDENTIFICATION

Student Name: _____ Student ID: _____

Address: _____

City: _____ State: _____ ZIP: _____

Email: _____ Phone: _____

COURSE INFORMATION

Independent Study in: _____ Credit: _____

Special Studies in: _____ Credit: _____

Instructor Name: _____

CRN: _____ Course Number: _____ Course Title: _____

Beginning Date of Study: _____	Ending Date of Study: _____	Total Student Work Hours: _____
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INSTRUCTIONS

Attach one copy of the specific plan (what will be done, how much, by when, and where) or course outline, specific student objectives and activities, and evaluation criteria and methods to be used.

Contract modifications, if necessary, must be sent to the Registrar and the student's advisor as kept by the student and Instructor. Contract modifications must be signed and dated by the student and instructor.

COURSE WILL NOT BE RECORDED ON STUDENT'S PERMANENT RECORD UNLESS A PROPERLY SIGNED COPY IS FILED WITH THE REGISTRAR AND THE STUDENT IS REGISTERED FOR THE CLASS AT THE BEGINNING OF THE TERM.

SIGNATURES

Student
Signature: _____ Date: _____

Instructor
Signature: _____ Date: _____

VP for Instruction or
Division Chair Signature: _____ Date: _____

RETURN COMPLETED FORM TO:

MCC Student Services
920 Barlow Road Fort Morgan, CO 80701
FAX 970-542-3114
Student.Services@MorganCC.edu