

First Name:

Last Name:

IHCC ID#:

Term: Fall Spring Summer

Year:

Instructor Name:

Department:

Topic or Course:

Number of Credits:

1. Is this a regular course in the Inver Hills catalog? Yes No

If Yes: Why do you need to take the course independently rather than as a regularly scheduled class?

If No: What is the purpose of study? What are the objectives?

2. What are the proposed methods?

3. What materials will be needed?

4. How will this study be evaluated?

5. What are the instructor's individual requirements?

Student Signature

Date

Instructor Signature

Date

Dean of Instruction Signature:

Date

- *Additional comments may be placed on the back of this page.*
- *This form becomes the study contract when properly signed.*

Office Use

Course and Section Number: