



Laney College
Office of Instruction
Independent Study

Submit this contract to the Division Dean **no later than the last day to add classes in the semester.**

DEPARTMENT _____ **CLASS CODE** _____ **TERM** _____

STUDENT'S FULL NAME: _____ **STUDENT ID#** _____
 (Last Name, First Name)

UNIT (Check One) 1 2 3 4 5

Indicate the number of hours required for student to complete project: _____

TITLE OF INDEPENDENT STUDY PROJECT (including topics and/or projects):

Indicate what arrangements have been made for students to have consultations with the instructor:

Description of what the student will be required to do:

Description of method of evaluation to be utilized: (what evidence will be presented that objectives have been met?)

EXPECTED COMPLETION DATE: _____

STUDENT SIGNATURE _____

DATE _____

FULL TIME FACULTY SIGNATURE _____

DATE _____

APPROVED BY:

DIVISION DEAN SIGNATURE _____

DATE _____

DISTRIBUTION: (1) Division Dean's Office; (2) Instructor; (3) Student