

TERM: _____



INDEPENDENT STUDY CONTRACT

Admissions & Records, ACC, 5900 S Santa Fe Drive, Littleton, CO 80160-9002
FAX: 303-797-5970 EMAIL: admissions@arapahoe.edu

Student Name _____ Student ID _____

Student Email _____@student.cccs.edu Semester _____ Yr _____

Course Prefix & Number _____ Title _____ Credit(s) _____

Course Description (if not already in College Catalog) _____

Course Objectives (may attach syllabus) _____

Student Performance Assessment (may attach syllabus) _____

Required Approval and Signatures

Supervising Faculty member obtains all signatures, then routes completed form (and any supplementary materials) to the Admissions & Records office for final processing.

Supervising Faculty Name _____ Faculty S# _____

Supervising Faculty (signature) _____ Date _____

Department Chair (signature) _____ Date _____

*****Department Chair approval required prior to obtaining Dean approval*****

Division Dean (signature) _____ Date _____

*****Dean approval required prior to obtaining Student signature*****

Student (signature) _____ Date _____

Distribution: Original- Admissions and Records Copy –Student Copy - Instructor