

Application for Independent Study

DATE RECEIVED _____
INITIALS _____

PLEASE PRINT. PLEASE USE INK AND ALLOW TEN DAYS FOR PROCESSING.

SEMESTER <input type="checkbox"/> Fall 20____ <input type="checkbox"/> Spring 20____ <input type="checkbox"/> Summer 20____	MARIN ID # <table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 20px; text-align: center;">M</td> <td style="width: 20px;"></td> <td style="width: 20px;"></td> <td style="width: 20px;"></td> <td style="width: 20px;"></td> <td style="width: 20px;"></td> <td style="width: 20px;"></td> <td style="width: 20px;"></td> <td style="width: 20px;"></td> <td style="width: 20px;"></td> </tr> </table>	M									
M											

NAME

LAST	FIRST	M.I.

MAILING ADDRESS

NUMBER & STREET
CITY
STATE
ZIP

DAY PHONE <table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> <tr> <td style="text-align: center;">AREA CODE</td> <td colspan="6" style="text-align: center;">TELEPHONE NUMBER</td> </tr> </table>									AREA CODE	TELEPHONE NUMBER						E-MAIL ADDRESS _____
AREA CODE	TELEPHONE NUMBER															

COURSE REFERENCE #	DISCIPLINE TITLE	UNITS	FACULTY/MENTOR
	Independent study _____ / 249		

1. PURPOSE (goals / objectives)

Use reverse side for additional information. _____

2. ACTIVITIES (method of attaining goals / objectives)

Use reverse side for additional information. _____

3. CRITERIA FOR EVALUATION (accuracy, completeness, comprehension, mastered skills, etc.)

4. METHOD FOR EVALUATION (reading, papers, presentations, performances, assignments, examinations, etc.)

5. NUMBER OF HOURS REQUIRED Check one: <input type="checkbox"/> 1 unit, 52.5 hours study, 3.0 hours instructor conference <input type="checkbox"/> 2 units, 105.0 hours study, 6.0 hours instructor conference <input type="checkbox"/> 3 units, 157.5 hours study, 9.0 hours instructor conference	6. INSTRUCTOR OFFICE HOURS Days and Times _____ Office No. _____ Office Phone No. _____ Additional days and times of instructor availability by phone or in office for this course (one hour per week per unit of credit). Days and Times _____ Office No. (if applicable) _____ Phone No. _____
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SIGNATURES

The form is to be signed by a full-time instructor, credentialed in the requested discipline, and filed in the Office of Admissions and Records with class "Enrollment" card by the end of the second week of instruction for Fall or Spring Terms and by the end of the first week of instruction for Summer Session. Students are limited to a maximum of 12 units or four enrollments of independent study.

Student _____ Date _____	Instructor _____ Date _____
Dept. Chair _____ Date _____	Dean _____ Date _____