

Office of the Registrar Independent Study Request SCCC

Last Name:		First Name:		MI:
CWID:		Phone Nun	nber:	
Course Prefix	Course Number	Section Number	Year:	
Academic Purpose of the "To Graduate" or "Earn ho acceptable if availability o	Study: ours for Financial Aid" ar f a course is the issue.	re insufficient rationale. E	xplain why a course su	ubstitution is not
Topic to be Investigated: Phrase this as academic in	quiry; what learning obj	ectives are established?		

Methods of Inquiry:			
Some level of detail necessary to su	ipport the assessment is required.		
Instructor's Method of Assessment	t:		
	ween the student and instructor that ca	in fairly be the basis of a grade?	
Student Signature		 Date	
· ·			
Instructor Namo (PRINTED)	Instructor Signature	Data	
Instructor Name (PRINTED)	Instructor Signature	Date	
Department Head Signature		Date	
	Office Use Only		
Recorded to Banner:			
	Initials	Date	