INDEPENDENT STUDIES

DIRECTED STUDIES CONTRACT

Student Name (Print)                                      Instructor Name (Print)

Student ID Number                                      Telephone                                      Course Number and Section

EITHER attach an outline of study or project guidelines for this course, OR, complete I, II, and III below:

I. Describe the project (in terms of the final product and/or objectives of this course of study):

II. Specify how a student’s success in completing this contract will be determined (exams, critiques, meetings, classes, assignments, etc.) and by which dates:

III. Indicate any required materials for which the students will be responsible (books, etc.):

(PLEASE NOTE: This form does not register the student in the class.)

Upon completion of this ______ week course, Mission College will award ______ units of credit in

Course Number and Section

APPROVAL OF AGREEMENT
(Valid only upon signature of all parties.)

Student Signature                                      Date                                     Instructor Signature                                      Date

Division Chair Signature                                Date                                     VP of Instruction Signature                                Date

Summer____ Fall_____ Spring____ 20_______