

# Atlantic Cape Community College Independent Study Application

Date: \_\_\_\_\_

CWID: \_\_\_\_\_

Student's Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Course Title: \_\_\_\_\_

Course #: \_\_\_\_\_

Number of Credits: \_\_\_\_\_

Semester:      Fall                  Spring                  Summer

Independent Study credits previously earned: \_\_\_\_\_

Student status:              Full-time              Part-time

Instructor's Name: \_\_\_\_\_

Delivery Method:      In-Person              Online              Other

Instructor's Signature: \_\_\_\_\_

Student's Signature: \_\_\_\_\_

## Please provide the following information:

Include a detailed description of your proposed *Independent Study* project. Include course topic, course outline, special materials to be used and method of evaluation. (Syllabus)

A rationale for course being taught as an *Independent Study*, please check one of the following:

- Class not being offered in the current semester.
- Need class to Graduate.
- Other \_\_\_\_\_

*Return completed form to the instructor for approvals. After processing, student will be contacted by Enrollment Services to register for the Independent Study.*

Department Chair/Director/Dean Signature: \_\_\_\_\_

(Dean: Forward form to your academic assistant for processing.)

cc: Instructor

Enrollment Services

Student