

## INDIVIDUAL TEACHING AGREEMENT/ INDEPENDENT STUDY FORM

This form and syllabus **must be received by the School of Graduate Studies THREE (3) days prior to the first class.** The student is not officially registered until this form is on file. Please see the current SGS catalog for additional procedures.

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

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

Course Prefix & Number: \_\_\_\_\_

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

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

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

Reason for Individual Teaching Agreement/Independent Study (must satisfy guidelines listed in the catalog):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I understand that this individual teaching agreement/independent study requires a minimum of three hours of work per credit per week, that I must take responsibility for communicating with the instructor, and that I must submit required work on time.

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

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**For the Instructor to complete:**

Is a contract required?  Yes  No  Uncertain\*

\_\_\_\_\_  
Instructor Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Department Chair/Coordinator Signature\*\*

\_\_\_\_\_  
Date

\_\_\_\_\_  
Dean Signature

\_\_\_\_\_  
Date

\*If uncertain, please consult with SGS Dean

\*\*Please confirm the above answer and initial response.

**Return to:** Graduate School, St. Joseph Hall, 3rd Floor, Room 378 or Scan and E-Mail to [gradschool@chc.edu](mailto:gradschool@chc.edu)

**Copies to:** Student, Instructor, Department Chair/Coordinator