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

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
*Please do not return the form until all required signatures (with the exception of the signature of the Dean) are obtained. Any incomplete forms will be returned to the student. A Graduate representative will get the completed form to the Dean for review and signature.*

2021-2022