

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.