



San Diego Community College District
Application for Independent Study

Student's Name Last First Middle CSID

CITY MESA MIRAMAR ECC FALL SPRING SUMMER YEAR

COURSE INFORMATION

Subject Course (Department) Reference No. (CRN) Course No

Title of Course Units

Name of Instructor PRINT

Student agrees to work hours on this project, but no less than a minimum of 48 hours per unit.

Project goals:

Describe project methodology and activities:

Describe how project is to be evaluated:

Indicate the frequency of and arrangements for consultation with the instructor:

Specify any college facilities to be used:

I accept this plan for independent study and certify that this student has provided evidence of completion of the prerequisites specified for the course.

Student's Signature Date

Approved Instructor's Signature Date Department Chair's Signature Date

Academic Dean's Signature Date Vice President of Instruction's Signature Date