

CANKDESKA CIKANA COMMUNITY COLLEGE
INDEPENDENT STUDY REQUEST FORM

Student's Name (Printed and Signature): _____

Course Number and Title: _____

Semester/Year: _____

Credit Hours: _____

Faculty Authorization (Signature): _____

Faculty Email: _____

Faculty phone #: _____

Dean of Academic's Authorization: _____

Registrar Authorization: _____

This signature page must be turned in before the semester starts to obtain an override into the course by the Registrar as this is not a regular offering. The proposal **must** be submitted to the Vice President of Academics by the close of registration for the semester requested.

Faculty is required to meet one hour per week to ensure adequate progress is being made by the student regarding the independent study. Please check appropriate day and time scheduled.

Proposed Day:

Monday Tuesday Wednesday Thursday Friday

Proposed Time:

8-9 am 9-10 am 10-11 am 11 am-12 noon

12 noon-1 pm 1-2 pm 2-3 pm 3-4 pm 4-5 pm