



INDEPENDENT STUDY

CC Student ID # _____

Last Name _____

First _____

Middle _____

CRN Number	Department Course ID (e.g. GS391 4411)	Block Number	Subtitle This title will appear on your transcript. Please PRINT this legibly.	Grade Track G = Grades P = S/CR/NC	Units	Faculty/Advisor
Add						
Registrar Creates This						
Drop						

***INDEPENDENT STUDY REQUIRES A SIGNATURE FROM BOTH THE ADVISOR & DEPT. CHAIR**

Faculty/Advisor Signature _____

Department Chair Signature* _____

Course Dropped Signature _____

Which Course Format Will This Be Hosted As?

- _____ CCP/IN-PERSON (COS residency required)
- _____ CCH/HYBRID (COS residency required)
- _____ CCV/FLEX (residency NOT required)
- _____ CCU/REMOTE (residency NOT required)