Center for Performing Arts, Behavioral & Social Sciences King Center – Room 594 Campus Box 292 P.O. Box 173363 Denver, CO 80217 Fax: 303-352-3060

Phone: 303-556-3852



## INDEPENDENT STUDY CONTRACT

Name:	·	- <del></del>		
	First	M.I.	Last	
<b>S#:</b> S		Phone #:		
Email:	ial CCD email account is the only email	CCD:III		@student.cccs.edu
Your offic	ial CCD email account is the only email	CCD will accept for corresp	ondence.	
	SYLLABUS MUST BE ATTACHED TO			
Major/Advisor				
Course Prefix, Secti	on, and Title		Term	
course Frenx, Secti	on, and thre		renn	
Instructor	Email	Office Location	on Voice M	ail/Phone Number
CONTRACT:				
b) time p c) metho d) text(s) e) writte f) due do g) metho h) gradin i) object	ation for course and any other more riod in which course must be contact with instructor assignments required, and their assignments required, and their ates of assignments of of handing in assignments are criteria crives / competencies assignment needed to be and time in which to do the residual of t	ompleted equired r format o complete this indeper		
-	and that the information supplied			
Student:				
Pr	int Name		Signature	Date
Faculty:				
	rint Name		Signature	Date
Dean:				
	rint Name		Signature	Date