



COLLEGE
OF THE
REDWOODS

Independent Study Course Contract

Student Name: _____

Student ID #: _____

Term: _____

Section #	Course Title	Instructor Name	Unit(s)

A. Independent Study Hours for semester: _____

B. Course Objectives/Student Learning Outcomes:

C. Assignments: _____

D. Method of evaluation

Percent of grade

E. Grade Scale: _____

F. Other comments specific to this course section: _____

G. I have read and agree to the independent study as outlined above.

Student: _____ Date: _____

Instructor: _____ Date: _____

Area Dean: _____ Date: _____