

Independent Study Contract and Registration Form

If you have a physical, psychological, medical, or learning disability that may impact your ability to complete this form, please contact *Access & Accommodation Services, Room C231, 585-343-0055 x 6351* or *access@genesee.edu* for assistance.

(This form should be completed by the student and faculty member together as they plan the activity.)

Student Name _____ Date _____
PRINT LAST NAME PRINT FIRST NAME

GCC ID# _____ Phone No. (_____) _____

Email Address _____

Term: ☐ Fall ☐ Spring ☐ Summer Year _____

Subject	Course Number	Course Title	Begin Date	End Date	Credit hours

***Per SUNY MTP 6-30-76- One credit will be awarded for 37.5 hours of independent study work by the student. Three credits require a minimum of 112.5 hours of student work for independent study.**

Changes Student Load from _____ hours to _____ hours Student's GPA _____

Faculty Name _____
PRINT LAST NAME PRINT FIRST NAME

1. Please describe the agreed upon student/faculty interactions and expectations for this learning activity. Include meeting dates, logistics of meetings such as in person or virtually, when student will receive feedback, progress updates, and/or assessment, etc.

2. How will the course learning outcomes (CLO's) be assessed: (tests, papers, creative work, etc.)

3. Does this course fulfill a requirement of the student's current program of study? _____
(If no, please explain further why the student / faculty encourage approval of this independent study activity.)

4. Please **attach a copy of the course syllabus** to this form (required) and provide a copy of the syllabus to the student.

Student Signature: Signing this form is acknowledgement that (1) this is a course **registration** form and creates a **financial obligation** to the college (tuition, fees, etc.), (2) the information on this form is true and correct to the best of your knowledge, and (3) you have received the course syllabus and understand the terms of this learning activity.

Student Signature _____ Date _____

Faculty Signature: Signing this form is acknowledgement that: (1) information on this form is true and accurate to the best of your knowledge, (2) you accept responsibility to meet the expectations outlined in item 1 and 2 above as well as the expectations of CLO assessment, timely grading, and census attendance reporting as required in all GCC courses, and (3) you have provided the student with a course syllabus.

Faculty Signature _____ Date _____

Dean and/or Director Signature: Signing this form is acknowledgement that (1) you have reviewed this form and attest that it is appropriate, complete, and correct to the best of your knowledge, (2) there are no sections of this course running during this term and (3) this section has not run yet during the academic year (unless designed as/or designated as an independent/individualized study course).

Director or Dean Signature _____ Date _____

Provost Signature _____ Date _____

Records office processing:

CRN _____ course sub/number/section _____ credit hr _____ grade due date: _____
process date: _____

Initials of Records Office Rep _____

approval email to faculty ? ☐ Y / ☐ N

approval email to student ? ☐ Y / ☐ N

Human Resources processing:

number of faculty overload credit hours _____ credit hours entered _____ date _____

Initials of HR Office Rep _____