

Independent Study Proposal

This form is not to be used for an existing course. For existing KC courses please use the Directed Study form. Independent study proposals must be approved and submitted to the Registrar's Office prior to the last day to add a course for the requested semester or term.

Student Section:

Student Name:		ID:		
Pleas	e Print Clearly			
Course Title and Level:	10	T 'll 00 l 1	nd will be transcribed exactly as written.	
			nd will be transcribed exactly as written.	
Semester to be taken:		Summer		
Narrative description of the	he project (100-150 v	words). Attach separate,	typed sheet.	
Student Signature:		Date:	Date:	
Instructor's Section: The instructor determine Study.	es whether or not th	e student is capable of	pursuing the proposed Independent	
Instructor Name:	e Print Clearly		_	
Credit Hour Value:	Grading Basis:	Letter Grade	Pass/Fail	
Required Text/Course Ma	aterials:			
Describe the basis and cr	iteria for the evaluati	ion of this project:		
Instructor Signature:		Date:		
Department Chair Section	n:			
		Date:		
VPAA Section:				
Approve Deny	Signature:	Date:		
		FOR OFFICE USE ONLY		
Date Received		Initials	Date Processed	
Keystone College is committed to providing equal	educational and employment opportunitie	es without regard to an individual's sex, race, reli	(570) 945-8224 registrar@keystone.edu	

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