

MONTGOMERY COUNTY COMMUNITY COLLEGE
Independent Study Agreement

An Independent Study may be granted if at least one of the following conditions is met:

- ☐ The student is in good academic standing as outlined in the Academic Progression Policy
(<http://www.mc3.edu/component/content/article/89-about-us/policies/aa-3/116-acad-prog>)
- ☐ The course is necessary to maintain continuity of the subject matter.
- ☐ The course provides study opportunity outside of the normal curricular offerings.

CHECK WHICH CONDITION(S) APPLY TO THIS REQUEST

This form is only to be used by students who are requesting an independent study course containing content beyond the curricular offerings listed in the current College Catalogue. The form is not intended for a student who needs to complete a course that is an integral part of a program for progression or completion that is not currently being offered. Students with such needs or related questions should be directed to the respective Division Dean.

Note: The independent study must be approved before a student can register for the course and it begins; and the student must pay all of the tuition/fees for the course.

SEMESTER:

FALL ☐ SPRING ☐ SUMMER ☐ START DATE: _____ END DATE: _____

STUDENT'S NAME: _____

STUDENT ID#: _____ MAJOR CODE: _____

PROFESSOR ASSIGNED: _____

COURSE: _____

NUMBER OF CREDITS BASED ON DISTANCE EDUCATION CLOCK HOUR RUBRIC _____

(ATTACH COMPLETED RUBRIC) This document can be downloaded at

[https://mymccc.mc3.edu/committee/AssessmentofSLOs/CourseAssessment/Documents/Matrix%20Of%20Instructional%20Engagement%20\(MIE\).docx](https://mymccc.mc3.edu/committee/AssessmentofSLOs/CourseAssessment/Documents/Matrix%20Of%20Instructional%20Engagement%20(MIE).docx)

LIST STUDENT LEARNING OUTCOMES, LEARNING ACTIVITIES AND EVALUATION METHODS AS REQUIRED FOR INDEPENDENT STUDY ACT 335:

LEARNING OUTCOME(S)	LEARNING ACTIVITY(IES)	EVALUATION METHOD(S)
1.		
2.		
3.		
4.		

5.		
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SEQUENCE OF TOPICS TO BE COVERED:

REQUIRED LEARNING MATERIALS:

STUDENT’S SIGNATURE: _____ DATE _____

FACULTY SIGNATURE : _____ DATE _____

APPROVAL:

_____	_____	_____	_____
Division Dean	Date	Vice President of Academic Affairs & Provost	Date

DATE FINAL GRADE SUBMITTED: _____

DATE ADDITIONAL COMPENSATION SUBMITTED: _____