PETITION FOR INDEPENDENT STUDY, DIRECTED READING, DIRECT RESEARCH

NAME: ............................................................................................................. STUDENT SCU # ............................................
(Print Last Name, First Name)

MAJOR: ............................................................................................................. TERM: ....................... YEAR: .............................................

COMPLETE COURSE TITLE: ................................................................................................. (Example: History of the California Gold Rush)

COURSE TITLE TO APPEAR ON ACADEMIC TRANSCRIPT: .................................................................
(Limit to 24 Spaces)

Units (If units are not indicated for variable-unit courses, the lowest number will be assigned)

Subject | Course No. |
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COURSE DESCRIPTION: ........................................................................................................................
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1. ENROLLMENT IN AN INDEPENDENT STUDY, DIRECTED READING, DIRECTED RESEARCH IS A CONTRACT AND BECOMES PART OF THE STUDENT’S STUDY LOAD.
2. PROCEDURES FOR WITHDRAWAL FROM COURSES ARE THE SAME AS FOR REGULARLY SCHEDULED CLASSES.
3. QUARTERLY REGISTRATION AND COMPLETION DATES MUST BE ADHERED TO.
4. THE DATE OF THE GRADUATE SERVICES SIGNATURE WILL SERVE AS THE OFFICIAL DATE OF SUBMISSION OF THIS FORM.
5. NOTE: IT IS THE STUDENT’S RESPONSIBILITY TO OBTAIN ALL NECESSARY SIGNATURES AND SUBMIT THE COMPLETED FORM TO GRADUATE SERVICES.

REQUIRED SIGNATURES:

Signature of Student: ............................................................................................................. Date: .............................................
Print Instructor’s Name: .............................................................................................................
Signature of Instructor: ............................................................................................................. Date: .............................................
Signature of Chairperson: ............................................................................................................. Date: .............................................

FOR OFFICE USE ONLY:

Signature | Date | Section No.