Columbia College

Application for Independent Study

Student's Name _____ Columbia College ID No. _____

Instructor _____ Course Prefix & No. _____

Semester Hours Credit _____ Semester Registering _____

Proposed Title _____

15 Character Abbreviation _____

Course Description:

*Course Objectives:

*Evaluation Design:

Note: The Student must officially register for this course

Approved By:

		Student Signature	Date
Division Head	Date	Instructor	Date
Advisor	Date	Provost	Date

***Course Objectives**: What is this course designed to accomplish? What skills should one acquire as a result of this experience? What modifications in the student's behavior should occur as a result of participating in the activities of this course?

***Evaluation Design**: How shall we determine what the student has learned as a result of participating in the prescribed activities of this study? How shall we measure the skills acquired? How shall we discover what modifications in the student's behavior have occurred from having taken this independent study?