

# Shawnee Community College

## Independent Study Request/Approval Form

Term/Year: \_\_\_\_\_

Student's Name: \_\_\_\_\_

SCC Student ID Number \_\_\_\_\_

Course Prefix/#	Credit Hrs	Title	Begin Date	End Date

Reason for Independent Study \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Instructor

\_\_\_\_\_  
Date

\_\_\_\_\_  
Division Chair

\_\_\_\_\_  
Date

\_\_\_\_\_  
Vice President of Instructional Services

\_\_\_\_\_  
Date