



# ART ACADEMY OF CINCINNATI

## Independent Study Contract

Student's Name \_\_\_\_\_ Term \_\_\_\_\_

Instructor's Name \_\_\_\_\_ Credit Value \_\_\_\_\_

Course Substitution Request: \_\_\_\_\_

### PROPOSAL FOR INDEPENDENT STUDY (COMPLETED BY STUDENT)

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

Instructors Signature \_\_\_\_\_ Date \_\_\_\_\_

Advisors Signature \_\_\_\_\_ Date \_\_\_\_\_

Department Chair's Signature \_\_\_\_\_ Date \_\_\_\_\_

Academic Dean's Signature \_\_\_\_\_ Date \_\_\_\_\_

This contract must be completed and submitted to the Registrar with a Registration form.

Independent study cannot replace a required course and can be granted only if the required course is unavailable when required or meets specific education goals unavailable to the student in the academy curriculum

Cc: Student and Advisor