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