



Art Academy
of Cincinnati
College of Art & Design

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 *Permission for Course Enrollment* 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