

Independent Study / Comprehensive Examination Contract

California Institute of Integral Studies

Independent Study

Comprehensive Exams

Please complete all items on this form or it may delay processing

Semester: Fall Spring Summer Year: 20__

Section A: Student

Last Name _____ First Name _____ MI _____ Social Security Number / EIN _____

Status: Program _____ Degree _____

Title of Course: _____

Number of Course Units _____

Brief Description of Course: _____

Section B: Instructor's Information

Last Name _____ First Name _____ MI _____

Street / Mailing Address _____ City _____ State _____ Zip code _____

Phone Number _____ Email Address _____

Current Core Faculty Current Adjunct Faculty Staff Neither

Section C: Instructor Agreement

As the instructor of an independent study course, I agree to work with the student for a minimum of 15 hours of per unit of credit (this time includes including study, reading, research, and practice). A total of 5 hours of meetings is required for each unit of Independent Study. **I have attached to this contract my resume and a course syllabus.** If an incomplete (I) is given as a grade, I agree to work with this student until completion of the course. I understand that I will not be paid until I turn in the course grade. I understand that unless I am already employed by the Institute in another capacity, this contract does not make me an employee of the Institute. I will determine my own schedule and meet with the student at our mutual convenience. I understand that upon completion of the contract I will receive payment in full without taxes withheld.

Other agreements:

Instructor's Initials

Signatures

Instructor _____ Date _____

Program Director/designee _____ Date _____

Student _____ Date _____

Registrar _____ Date _____

