



Kirkwood Community College Independent Study Learning Contract

Student's Name: _____ Kirkwood I.D. #: _____

Instructor's Name: _____

Course Title: _____ Start Date: _____

Synonym Number: _____ Completion Date: _____

Section Number: _____ Semester Hours: _____

The above named student agrees to complete an independent course which includes the following objectives:

Textbook and other required materials will include:

The student will be evaluated according to the following criteria:

Must have proper signatures before presenting to Enrollment Services.

STUDENT

INSTRUCTOR

DIRECTOR/DEAN

DATE

DATE

DATE

Copy to: Student
 Instructor
 Dean