



North Central State College
INDEPENDENT STUDY
"PLAN OF STUDY"

North Central State
COLLEGE

To be completed by the faculty member and submitted to the Department Chair by:

- 1st Friday of the term -or-
- 3rd Friday of the term if the course was cancelled.

Student's Name

Course No. and Title

"Plan of Study" is to meet course competencies as outlined in the syllabus. Please explain how you will implement and manage the course. Outline student responsibilities. Attach additional pages if necessary.

Instructor Signature

Date

APPROVAL:

1. _____
Department Chair

Date

2. _____
Divisional Dean

Date

Divisional Dean keeps original and attaches it to the original Independent Study form. Copy of "Plan of Study" is given to the faculty member. Faculty member distributes copy to the student.