Counseling Center

HD 199 Independent Study Contract

Please bring the contract with you to your initial appointment with your counselor. Attach an additional sheet if additional space is needed for your answers.

| Signature of the Counselor: | Date: |
|--|--|
| Signature of the Student: | Date: |
| 5) WORK TO BE COMPLETED: (Books read, 1 | research, interviews, site-visits, paper, etc. |
| 4) MEETING DATES: (Schedule the meeting dat | es and due date with your counselor.) |
| 3) GRADING SYSTEM: (Choose one) ☐ Pass-Non Credit ☐ Letter Grade | |
| 2) CREDITS: (Choose one) Refer to the following web page for information recounselor will allow: www.bcc.ctc.edu/hdc/study_top:100 1 Credit | opics.htm |
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| 1) TOPIC: (Fully describe what you want to learn | or accomplish.) |
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