

*Feather River College*  
**LEARNING CONTRACT**  
**FOR INDEPENDENT STUDIES**

**DEFINITIONS OF INDEPENDENT STUDY:**

**CONTRACTED STUDIES**

*Contracted Independent Study* is designed for a student who, due to special circumstances, cannot attend a class(es) as regularly scheduled. A student may request to negotiate a Learning Contract for FRC curriculum-approved courses.

**DIRECTED STUDIES**

*Directed Independent Study* is designed for a student who wishes to take advanced coursework in a field of study after having completed the introductory courses. Check the college general catalog for courses numbered 291AD – 295AD.

**APPLICATION PROCESS:**

1. The following deadlines must be followed:
  - *Contracted Study* must be filed in Admissions/Records during the first four (4) weeks of classes.
  - *Directed Study* must be filed in Admissions/Records during the first eight (8) weeks of classes.
2. Student and instructor collaboratively initiate contract.
3. Student delivers contract to Admissions/Records for verification (completed 12 units & GPA 2.0). After verification, Admissions/Records forwards contract to the Instruction Office.
4. The Instruction Office forwards contract to Technical Administrative Assistant for assignment of index number.
5. Technical Administrative Assistant forwards contract to Admissions/Records.
6. Admissions/Records contacts students to inform him/her that contract has been approved and student can enroll in independent studies.
7. Student goes to Admissions/Records to complete enrollment and pay applicable fees.

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SECTION NO.
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*(Office Use Only)*

Student Name: \_\_\_\_\_

SS#: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Business Phone: \_\_\_\_\_

FRC Email: \_\_\_\_\_

Semester/Year to be taken: FALL \_\_\_\_\_ SPRING \_\_\_\_\_ SUMMER \_\_\_\_\_

Course Title: \_\_\_\_\_

Course No.: \_\_\_\_\_ Units: \_\_\_\_\_ Number of Study Hours Required: \_\_\_\_\_

\* **Directed Studies:** Yes  No       **Contracted Studies:** Yes  No

\* Please indicate reason if student is registering for **Contracted Studies**:

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1 Have all prerequisites for this course been met? Yes  No

If no, please explain:

2 General description (from catalog or schedule of classes) of course to be taken:

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3 Specific Student Learning Outcomes (SLOs):

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4 Specific methods for achieving SLOs:

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5 List all other responsibilities the student must meet not listed above, e.g., conferences with the instructor, reading, projects, papers, etc.:

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6 List all instructor responsibilities, not listed in #5 above, e.g., conferences, evaluation of reports, preparation of exams, etc.:

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7 List all required materials and books for the course:

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8 Specify evaluation procedures and grading criteria (*please be precise*):

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**APPROVAL (Signature Routing Procedure):**

*Signature:* \_\_\_\_\_ *Date:* \_\_\_\_\_  
Name of Instructor (*type or print*): \_\_\_\_\_

*Signature:* \_\_\_\_\_ *Date:* \_\_\_\_\_  
Name of Student (*type or print*): \_\_\_\_\_

**Students: See INSTRUCTIONS on first page.**

*Signature:* \_\_\_\_\_ *Date:* \_\_\_\_\_  
Name of Registrar (*type or print*): \_\_\_\_\_

*Signature:* \_\_\_\_\_ *Date:* \_\_\_\_\_  
Name of Dean of Instruction (*type or print*): \_\_\_\_\_

*Signature:* \_\_\_\_\_ *Date:* \_\_\_\_\_  
Name of Instructional Svcs. Rep. (*type or print*): \_\_\_\_\_

**Section No. (office use only):** \_\_\_\_\_

*Signature:* \_\_\_\_\_ *Date:* \_\_\_\_\_  
Name of Student Svcs. Reg. Tech. (*type or print*): \_\_\_\_\_