



Office Use Only
Employee Name: _____
Received Date: _____

Independent Study Form

1. Arrange course work with the faculty member, determine the appropriate course number (TCC Catalog) and course title.
2. The date this completed form is received in Enrollment Services is considered the effective date of registration
3. Submit the completed form to the Enrollment Services Office in Building 7 (North entrance) or email to EnrollmentServices@tacomacc.edu.

Student ID:	Last Name:	First Name:
Program Plan:	To be taken: Year/Term Fall ____ Winter ____ Spring ____ Summer ____	Course Subject (e.g ACCT): Course Number <input type="checkbox"/> 299 <input type="checkbox"/> 399
Title: _____ <i>Must not exceed 30 characters in length including spaces</i>		
Number of credits:	Name of Faculty (print)	
Student Signature:		Date:

TO BE COMPLETED BY THE SPONSORING FACULTY

Course Description: Attach a copy of the course description. (Required)	
Grading Option:	<input type="checkbox"/> Letter <input type="checkbox"/> Satisfactory/Unsatisfactory
Degree Usage (check all that apply): <input type="checkbox"/> This course fulfills degree requirements. Indicate specific degree requirement or substitution: _____ <input type="checkbox"/> This course fulfills certificate requirements. Indicate specific certificate requirement or substitution: _____ <i>For example, student is required to take CMST& 220 and is substituting the course for this internship. Indicate CMST& 220 in the line above.</i>	
Faculty Signature:	Date:
Chair or Dean Signature:	Date

TO BE COMPLETED BY DEPARTMENT CLASS BUILDER

Course Name (e.g ACCT 290):	Class Number (e.g 21535):
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