



**Feather
River
College**

CRN:
(Office Use Only)

Learning Contract for Independent Student

Student Name: _____
Student ID: _____
Home Phone: _____
Business Phone: _____
FRC Email: _____

Semester/Year
Enrolled: _____ FALL: _____ SPRING: _____ SUMMER: _____

Completion Date: _____
Course Title: _____

Course No.: _____ Credit Units: _____ Number of Required Study Hours: _____

1) General requirements for the completion of the independent study contract:

2) Specific Student Learning Outcomes (SLOs):

3) Specific methods for achieving SLOs:

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

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

6) List all required materials and books for the course:

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