

**Criteria**

The ISA must be based on the regular course overview and student effort hours must equal the effort hours normally required in a regularly scheduled course.

- The student should meet with the **Academic Advisor** and then contact the proposed instructor. If the instructor and the department Chairperson agree to enter the arrangement, they should sign below.
- The instructor must hold a minimum of **seven (7) meetings** with the student that include: a general orientation; mid-term and final examinations; and four additional meetings for quizzes, discussions, etc. These meetings should be held every other week at a mutually agreed upon time convenient for the instructor and attendance must be posted for each of the meetings. \* Students will be given expanded written assignments to help meet the student effort time required under the arrangement. Any planned departures from the regular course overview must be approved in advance by the Provost.

**Please note that in addition to the regular per credit tuition, the student may be assessed an additional Independent Study fee of \$625.00 as per the Academic Catalog**

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

Student ID#: \_\_\_\_\_ GPA: \_\_\_\_\_

Course Code & Title: \_\_\_\_\_ Program: \_\_\_\_\_

Reason: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Meeting Dates: 1 \_\_\_\_\_ 2 \_\_\_\_\_ 3 \_\_\_\_\_ 4 \_\_\_\_\_ 5 \_\_\_\_\_ 6 \_\_\_\_\_ 7 \_\_\_\_\_ Time: \_\_\_\_\_ Length: \_\_\_\_\_

Instructor: \_\_\_\_\_

**Completed forms should be returned to registrar@ftc.edu with a registration form attached**

Student Name	Student Signature (Type Name if Digital)	Date
Instructor Name	Instructor Signature	Date
Chairperson Name	Chairperson Signature	Date
Provost Name	Signature	Date
Dr. Marsha Pollard Fee applicable? Yes ___ No ___		

Provost Comments: \_\_\_\_\_