

CUYAMACA COLLEGE

SPECIAL STUDIES OR PROJECT CONTRACT

NOTE: Special Study credit shall be limited to a total of 9.0 units at Cuyamaca College.

Security Number _____

Daytime Phone Number _____

Semester/Year _____

Student's Name: Last _____

First _____

Middle Initial _____

Subject Area of Special Study (eg. BUS, MATH) _____

Instructor (please print) _____

Title of Special Study _____

Number of Units Requested:

Class Length:

- Check One: 1.0 (48 total hours conference/study per semester)
 2.0 (96 total hours conference/study per semester)
 3.0 (144 total hours conference/study per semester)

Start Date: _____

EndK _____

Date: _____

PLEASE ATTACH the following paperwork to this form and submit to Admissions and Records.

- 1. A copy of your Cuyamaca College transcript.**
- 2. A typewritten one-page paper describing the goals and methods of the Special Study.**

X _____

Student's Signature

Date

TO BE COMPLETED BY INSTRUCTOR AND DEAN

Method of Evaluation: _____

Days/Hours of Instructor Availability: _____

X _____

Instructor's Signature

Date

X _____

Dean's Signature

Date

OFFICE USE ONLY

Fall Spring Summer Year _____ Instructor _____

Subject/Number _____ Section _____ Units _____ Hours _____

Date Received _____ By _____ Date Processed _____ By _____

Distribution: White - Admissions Office Yellow - Instructor Pink - Chair/Coordinator Goldenrod - Student