

PERSONAL IDENTIFICATION		
Student ID number:	Date:(mmddyyyy)	Email:
Last name:		First name:
Course:	Course code:	CRN #:

**A student must be in good academic standing to receive approval for independent study. Courses must be completed within the normal semester dates.**

Reason for requesting independent study:

- I am enrolled in a term in which the course is not offered
- There is a timetabling course conflict with other courses
- I cannot take the course in a subsequent term or at another institution

Once approvals have been received, the student must pay a service fee of \$250 (subject to change) to the Office of the Registrar. (Tuition and ancillary fees for the course (s) will also be charged if applicable.)

- I understand that I must complete the full course. I may not use work previously completed to satisfy requirements of this independent study.

Instructor's name	Instructor's signature	Date (mm/dd/yyyy)
Student's name	Student's signature	Date (mm/dd/yyyy)
Program co-ordinator's name	Program co-ordinator's signature	Date (mm/dd/yyyy)
Dean's name	Dean's signature	Date (mm/dd/yyyy)

Original to student, copies to the Office of the Registrar and academic area.

**FREEDOM OF INFORMATION AND PROTECTION OF PRIVACY ACT:** Georgian College is compliant with the Freedom of Information and Protection of Privacy Act (FIPPA), 1990, and endeavors to treat your personal information in accordance with this law. The personal information requested on this form is collected under the legal authority of the Ontario Colleges of Applied Arts and Technology Act, 2002 and in accordance with Sections 38(2) and 41(1) of FIPPA. The information provided will not be used for any purposes other than the administration and evaluation of requests for independent study.

For further information about the information requested on this form or the purpose for which it will be used, please contact the Office of the Registrar at [RRecords@GeorgianCollege.ca](mailto:RRecords@GeorgianCollege.ca) or 705.722.1511; for more information about FIPPA, please contact the Access and Privacy office at [AccessPrivacy@GeorgianCollege.ca](mailto:AccessPrivacy@GeorgianCollege.ca) or 705.728.1968 ext., 5770.

**For Office Use Only**

Amount Paid \$ \_\_\_\_\_ Receipt # \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Submit from your Georgian College email to:** [RRecords@GeorgianCollege.ca](mailto:RRecords@GeorgianCollege.ca)