



INDEPENDENT STUDY CONTRACT

STUDENT NAME: _____

CAMPUS: _____ STUDENT NUMBER: _____

COURSE NAME & NUMBER: _____

This course will be self-directed, and all work must be completed with minimum supervision. The student must meet with the Instructor at a time (or times) specified by the Instructor to discuss course requirements, progress, and any problems related to the assigned material.

The student must notify the Instructor if he/she is unable to attend a scheduled meeting. Failure to notify the Instructor and/or provide a reasonable excuse may result in the student receiving an incomplete grade in the course.

Textbook: _____

Other Materials: _____

Evaluation:	VALUE	DATE
Assignments (Details)	_____	_____
Labs (Details)	_____	_____
Tests	_____	_____
Final Exam	_____	_____

Any changes in the due dates for evaluation items must be cleared through the Instructor. The Instructor for this course will be available for consultation as shown below.

DAY _____ TIME _____ ROOM _____

College of the North Atlantic is an educational body of the Government of Newfoundland and Labrador, and is therefore subject to the Access to Information and Protection of Privacy Act, 2015 (ATIPPA). Student Services is collecting your personal information to process your request and to update your academic record. It will only be used for this purpose. The personal information you provide may be disclosed to faculty and Admissions staff. This personal information is collected under the authority of the College Act 1996 (SNL1995, Chapter C-22.1). Collected personal information will be stored in accordance with our normal network and information security measures. For further information about the collection and use of this information please contact the College's Registrar at 709-643-0827. For more information about the ATIPPA please visit www.cna.nl.ca/about/atippa.asp.

I have read and understand the Privacy Statement above and consent to the collection and use of this personal information.

STUDENT _____ DATE _____

INSTRUCTOR _____ DATE _____

COOR INSTR _____ DATE _____

CAMPUS ADMINISTRATION _____ DATE _____

PROVIDE A COPY TO STUDENT, INSTRUCTOR, AND CAMPUS ADMINISTRATION