SUPERVISED INDEPENDENT STUDY (SIS) CONTRACT

1. Refer to the AUNE Academic Catalogue (available on the AUNE website) for policy information on Supervised Independent Study.
2. The deadline for submission of signed SIS contract to Student Services is the Drop/Add Deadline. Please note: SIS credits will not be added to your registration until this contract is fully approved. This may have financial aid implications.
3. All sections of this form must be completed in detail. Incomplete forms will be returned.
4. Sign and date the form.
5. Obtain Instructor/Tutor and Advisor signatures.
6. Submit completed form to Student Services. (Keep a copy for your records)

SECTION 1: APPLICANT INFORMATION

Date: 
Name: 
Student ID #: 
AUNE Email Address: 
Program: 
Independent Study Title: (max 29 char.) 
Credits (48 hours = 1 credit): 
Semester of Study: 
Name of Instructor/Tutor***: 
Course Requirements or Competency Area that this SIS will fulfill: 
(If left blank, “elective” will be used.)

SECTION 2: DESCRIPTION of STUDY
Describe your learning goals and the relevance of this study to your degree program and professional interests. If needed, attach additional pages.

The form continues on the back side of this page…
SECTION 3: METHOD
Describe your proposed plan for achieving your learning goals and the resources to be used (i.e., readings, interviews, site visits, etc.). Include details on the process of counsel and advising to be carried out between you and your tutor. If needed, attach additional pages.

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

SECTION 4: DOCUMENTATION
Describe how you will document your learning (i.e., reflective journal, final paper, etc.)
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

SIGNATURES
Student Signature ___________________________ Date __________________
Instructor/Tutor Name Printed ___________________________ Instructor/ Tutor Signature ___________________________ Date __________________
Advisor Name Printed ___________________________ Advisor Signature ___________________________ Date __________________

***A resume must be attached if SIS will be supervised by someone other than Antioch faculty.***

INTERNAL USE ONLY
Course Number: ___________________________
Initials: ___________________________

Revised 2.8.2019