

**School of Applied Psychology, Counseling & Family Therapy
Independent Study Contract - Approval Form**



This cover sheet serves as your Registration Card for COUN599/PSYC599 Independent Study.

Student Name: _____

Student ID #: _____ Quarter: _____

Course registration:

- | | | | |
|----------------------------------|----------------------------------|----------------------------------|---------------------------------|
| Course | Program | Course | Program |
| <input type="checkbox"/> COUN599 | <input type="checkbox"/> CMHC | <input type="checkbox"/> PSYC599 | <input type="checkbox"/> CFT |
| | <input type="checkbox"/> CMHC/AT | | <input type="checkbox"/> CFT/AT |
| | <input type="checkbox"/> CMHC/DT | | <input type="checkbox"/> CFT/DT |
| | | | <input type="checkbox"/> ISP |

Title of Learning Activity [29 characters or less]:

_____ Credits: _____

Evaluator Name: _____

Evaluator phone#: _____ E-mail: _____

Evaluator resume: attached on file I-9 attached, as needed for new evaluators.

Evaluator requests payment

Syllabus is attached, with signatures of student, evaluator and advisor.

Student agreement: *I understand that this document is a formal request for registration and assessment of the above learning activities. I agree to pay the associated registration charges for these activities and understand that failure to do so may result in the submission of my student account to an outside collections agency. I understand that all costs, fees and expenses incurred by Antioch in attempting to collect the debt will be added to the account balance. These costs may include, but are not limited to, collection agency fees, reasonable attorney fees, court costs and other out-of-pocket expenses.*

We agree to the above learning plan:

Student: _____ Date: _____

Evaluator: _____ Date: _____

Student's Core Faculty Advisor: _____ Date: _____

Student's Program Chair: _____ Date: _____