

Supervised Independent Study (SIS) Contract



Instructions

Use this form to register for a supervised independent study. Please refer to the Academic Catalog found on the university website (Antioch.edu) for information on policy and procedures associated with an SIS. All sections need to be completed by the add/drop deadline whether initiated by student or department. If not completed prior to the add/drop deadline, a completed petition for exception should be attached. Please save a copy of the fillable PDF prior to completing and submitting to the academic department. Once signed by the student, the department will obtain signatures and process the Supervised Independent Study. Further information may be requested. Please allow 3 weeks for processing. If you have any questions, please contact your academic department.

Student Information:

Student Name on School Record		Email address	@antioch.edu
Student AUeID		Telephone Number	
Enrollment/ Full or Part -Time		Program and Degree	

SIS Information:

SIS Title (Cannot exceed 28 characters, form may be returned if title cannot be abbreviated)		Name of Instructor (Resume must be attached if SIS is not supervised by Antioch faculty)	
Semester of Study		Credits (48 hours = 1 credit)	

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

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.

Describe how you will document your learning (i.e., reflective journal, final paper, etc.)

Student Signature: _____ Date: _____

Chair Printed Name: _____ Chair Signature: _____ Date: _____

Instructor Printed Name: _____ Instructor Signature: _____ Date: _____