San Diego Community College District
Application for Independent Study

❑ City ❑ Mesa ☑ Miramar ❑ ECC   ☑ Fall ❑ Spring ❑ Summer   Year: 2019

Student Name: _____   Student ID Number: _____
                Last   First   MI

Course Information

Subject: Astronomy (ASTR)   Course Reference No.: _____   Course No.: 290
         (Department)   (CRN)
Title of Course: Astronomy Research Seminar   Units: 1

Name of Instructor: Jae Calanog
(PRINT)

Student agrees to work ___48___ hours on this project, but no less than a minimum of 48 hours per unit.

Project goals: The main goal is to produce a publication worthy, peer-reviewed research paper in double star astronomy. This project also caters to provide experience for students with no research background.

Describe project methodology and activities: Students working in teams will be required to write and present a research proposal. Students will perform telescope observations remotely and analyze the data. The research advisor would then work with students in the paper writing process.

Describe how project is to be evaluated: The students will reach specific milestones over the semester, which includes the proposal draft at least a peer-reviewed research draft. Both the proposal and the research results will be presented through a talk to the local astronomy community

Indicate the frequency of and arrangements for consultation with the instructor: _____
Consultation with the instructor is typically about twice a week. Students for the most part would be working independently and would consult with the instructor when complications arise with the project.

Specify any college facilities to be used: _____
No required college facilities will be used regularly, as most of the meetings are done online via Zoom. However, we do occasionally hold informal meetings in the STEM help room in S6-109 or S6-110.

I accept this plan for independent study and certify that I have provided proper evidence showing the completion of the required prerequisites for the specified course.

Student Signature: _____   Date: _____

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❑ **Approved**   ❑ **Denied**

_____8/15/2019   _____
Instructor's Signature   Date   Department Chair's Signature   Date

_____   _____
Academic Dean's Signature   Date   Vice President of Instruction's Signature   Date

Distribution: Original sent to campus Admissions & Records Office at the time grades are submitted
Signed copy will be mailed to student upon approval
Signed copy to be retained by instructor for instructor's files

SS_APPINPDNTSDY 06/2017