



APPLICATION FOR INDIVIDUALIZED STUDY FORM

Last Name _____ First _____ M.I. _____ ID # _____
 Home Phone # _____ Major _____
 Address _____ Email _____
 City, State, Zip _____ Semester/Year of Individualized Study _____

Description of Individualized Study

Subject _____ Course # _____ Credits _____
 CRN _____ Instructor _____ Ext. _____

Title _____ _____

Please check one of the following:				
Directed Reading / /	Directed Study / /	Special Project / /	Professional Experience / /	Practicum / /
Special Topics / /	Internship / /	Research / /	Independent Study / /	

Number of previous credits of Individualized Studies you have taken prior to this request: _____

Your cumulative GPA: _____

State the reason for taking an individual study: _____

Description of the course content: _____

Method for completion and evaluation of study: _____

Projected number of hours to be spent with the instructor: _____

Required Approval/Signatures

Student _____ Date ____/____/____

Advisor _____ Date ____/____/____

Department Chairperson/Program Director _____ Date ____/____/____

Please indicate the department designated grading mode applicable to this course: / / Satisfactory/Non Satisfactory / / Standard

Instructor _____ Date ____/____/____

Dean _____ Date ____/____/____

It is the responsibility of the student to obtain all of the required signatures listed above and to return this form to the Registrar's Office.

THE STUDENT MUST SUBMIT THE COMPLETED APPLCIATION FOR INDIVIDUALIZED STUDY BY THE LAST DAY TO ADD A COURSE FOR THE SEMESTER. REFER TO THE STUDENT ACTION GUIDE LISTED ON THE REGISTRAR'S WEB PAGES FOR SPECIFIC DATES.

DISTRUBUTION: WHITE – Registrar CANARY – Instructor PINK – Dean GOLDENROD – Student