# APPLICATION FOR INDIVIDUALIZED STUDY

## STUDENT INFORMATION

Name: ___________________________________________ ID#: ______________________________________

 Last                                              First                                              M.I.

Address: ___________________________________________ City, State, Zip: _____________________________

E-mail: ___________________________________________ Phone#: ___________________________ □Cell □Home

Major: ___________________________________________ Semester/Year of Individualized Study: ___________ / ___________

Number of credits of Individualized Studies you have taken prior to this request: ___________ Cumulative GPA: ___________

## INDIVIDUALIZED STUDY DESCRIPTION (TO BE COMPLETED BY INSTRUCTOR)

Subject: ___________ ___________ ___________ ___________ Course#: ___________ ___________ ___________ ___________ Credits: ___________ ___________ CRN: ___________ ___________ ___________ ___________

Course Title: __________________________________________________

Grade Mode of Course: □ Satisfactory/Non-Satisfactory □ Standard Letter Grade

Instructor (please print): ___________________________________________ Ext.: __________________

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 SIGNATURES

Student: ___________________________________________ Date: __________________

Advisor: ___________________________________________ Date: __________________

Department Chair/Program Director: ___________________________________________ Date: __________________

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.*

WHITE—Registrar CANARY—Instructor PINK—Dean GOLDENROD—Student

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