

**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: \_\_\_\_\_ *Reg. Office Use Only*  
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