

## Office of the Registrar APPLICATION FOR INDIVIDUALIZED STUDY

Name: Last First Mt.  City, State, Zip:  E-mail: Phone#: Phone#: Phone#: Phone#: Camulative GPA:  INDIVIDUALIZED STUDY DESCRIPTION (TO BE COMPLETED BY INSTRUCTOR)  Reg. Office Use: Only CIRN: COURSE Title: Grade Mode of Course: State the reason for taking an individual study:  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:  RECOURSE State The reason for taking an individual study:  Description of the course content:  RECOURSE SIGNATURES  Student: Description of the student to obtain all of the required signatures listed above and to return this form to the Registrar's Office.  WHITE—Repositor Canaday—Instructor PHIK—Description GOID File For Student of the Registrar's Office.			Student I	NFORMATION			
Address:	Name:	act	Eirct		D#:		
E-mail:	_						
Major: Semester/Year of Individualized Study: /_  Number of credits of Individualized Studies you have taken prior to this request: Cumulative GPA:				,			
Number of credits of Individualized Studies you have taken prior to this request: Cumulative GPA:							
Notividual Ized Study Description (To Be contributed by Instructors)							
Subject: Course#: Credits: Reg_ Office Use Only CRN: Critice Use Only CRN:				•			
Grade Mode of Course: Satisfactory/Non-Satisfactory Standard Letter Grade Instructor (please print):	Subject:				Reg. Office	Use Only —— —— ——	
Instructor (please print):	Course <sup>-</sup>	Title:					
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:  RECUIRED SIGNATURES  Student:  Date:  Department Chair/Program Director:  Description and evaluation of study:  Description and evaluation of study:  RECUIRED SIGNATURES  Date:  Date:  Description of the course content:  Date:  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.	Grade M	lode of Course: Satisfacto	ory/Non-Satisfactory 🔲 S	tandard Letter Grade			
Description of the course content:	Instructor (please print):				Ext.:		
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.							
Student:		Method for completion and ev	aluation of study:				
Advisor:				SIGNATURES			
Department Chair/Program Director:	Student:				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.	Advisor:				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.	Departm	ent Chair/Program Director:			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.	Instructo	or:			Date:		
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