

**Application for Individualized Study**

Before completing this form, review regulations for individualized study in the current college catalogue and discuss your plans with your faculty advisor. Incomplete applications will not be considered. Applications must be filed by the registration deadline for that semester..

EMPLID:

Term Applying for: Fall  Spring  Summer  Year: Last Name: First Name:

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Credits Completed: \_\_\_\_\_\_\_\_GPA Major: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Course Name and Number: Credit Amount:

**Signature indicates approval**

Student Signature: Date:

Faculty Supervisor Name; \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature; \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Chairperson Name; \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Signature; \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Academic Dean Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Please attach the following:**

A modified course syllabus, including assignments and other forms of evaluation, and deadlines, equivalent to the course when offered traditionally; dates of faculty and student meetings must also be included. A minimum of 7.5 hours and a maximum of 15 hours must be spent in discussing coursework.

The student must meet with the instructor as agreed upon, and complete all course requirements as stated in the syllabus in order to receive a passing letter grade.

Registrar’s Office: Date:

