INDIVIDUAL STUDY REQUEST

Instructions

- Complete form with as much of the course information as possible.
 Type or eSign your name on the signature line.
- Email the form to the Instructor for approval.
- Forward form to Advisor and Department Chair for approval.
- Email completed form by census date to registrar@csustan.edu.

Name:Las	et	First	MI	University	y ID #:	
Phone #: ()_		Email:				
Course to be taken		Spring Year e Check One: 4980-L		ear 5 980 -Graduat		Year 80 -Doctoral
Subject:	ilii Piease	e Cneck One: — 4980-C	indergraduate —		its for Cour	
Instructor:(Please print)	First	Last				edit/No Credit
Excess Units: Excess Unit Approval: If taking above maximum allowable units						
COURSE TITLE	Descriptive title will	appear on transcript.	DO NOT	use "Individu	ual Study" as	s title.
Reason for Requesting Individual Study Course:						
-						
Student's Signatur	e:				Date	:
<u> </u>	CONTRACTTo	be completed by the Instr	uctor		Date	:
PERFORMANCE Course Description	CONTRACTTo			lumber of Conta		:h Instructor:
PERFORMANCE Course Description Signatures must	CONTRACTTo		Projected N	lumber of Conta		
PERFORMANCE Course Description Signatures must Instructor's Signature Advisor's Signature	CONTRACTTo n: be obtained in the ure: e:	e order listed:	Projected N	Approve Approve	act Hours wit	h Instructor: Date:
PERFORMANCE Course Description Signatures must Instructor's Signatur Advisor's Signatur Department Chair's	CONTRACTTo n: be obtained in the ure: e: s Signature:	e order listed:	Projected N	Approve	act Hours wit	h Instructor: