California State University, Stanislaus
Enrollment Services

INDIVIDUAL STUDY REQUEST

INSTRUCTIONS

- Up to nine (9) semester credits of Individual Study are permitted toward a degree, credential, or other educational objective
- A course title cannot be "Individual Study" or a currently offered Catalog course title
- Individual Study forms must be submitted to Enrollment Services for processing **before the last day to add a class**

Student

- Complete form with as much of the course information as possible.
- Type your name on the signature line and date.
- Email the form to the instructor. Instructor and student should work together to complete the missing course information.

Instructor:

- Email form to Registrar@csustan.edu.
- Signatures are not required from Instructor as the email will serve as consent.
- Enrollment Services will process the remainder of the form- obtaining department chair and college dean's signatures.

Name:_____ **University ID #:**_____
Last First MI

Phone #: ( )_____ **Email:** _____

Course to be taken during: ☐ Spring _____ ☐ Summer _____ ☐ Fall_____
Year Year Year

Subject: ☐☐☐☐ **Please Check One:** ☐ **4980**-Undergraduate ☐ **5980**-Graduate ☐ **9980**-Doctoral

Instructor:_____ **# of Units for Course:**_____
(Please print) First Last ☐ Letter Grade ☐ Credit/No Credit

Excess Units:_____ **Excess Unit Approval:**_____
If taking above maximum allowable units (Required) Department Chair Signature

COURSE TITLE----Descriptive title will appear on transcript. **DO NOT use "Individual Study" as title.**

Reason for Requesting Individual Study Course: _____

_____

Student's Signature:_____ **Date:**_____

PERFORMANCE CONTRACT----To be completed by the Instructor

Course Description:

Projected Number of Contact Hours with Instructor:_____

Signatures must be obtained in the order listed:

Instructor's Signature:_____ ☐ Approve ☐ Deny **Date:**_____

Advisor's Signature:_____ ☐ Approve ☐ Deny **Date:**_____

Department Chair's Signature:_____ ☐ Approve ☐ Deny **Date:**_____

Dean's Signature (as required by College):_____ ☐ Approve ☐ Deny **Date:**_____

Office Use Only---To be completed by Enrollment Services CRN ☐☐☐☐☐ - ☐☐☐

ES:12/7/15 **Initial/Date:**