**California State University, Stanislaus**
**Enrollment Services**

# INDIVIDUAL STUDY REQUEST

## INSTRUCTIONS

- Complete form and obtain all appropriate signatures
- 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**

**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

**# of Units for Course:**_____

**Instructor:**_____
(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.**

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**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:**