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: Subject:	Spring Year Please Check One: 4980	Summer Fall Year Year -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 Excess Unit Approval: (Required) Department Chair Signature		
COURSE TITLEDescriptive	title will appear on transcript.	DO NOT use "Individual Study" as title.
Reason for Requesting Individual Study Course:		
Student's Signature:		Date:
PERFORMANCE CONTRACTTo 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:		
Advisor's Signature:		
Department Chair's Signature:_		Approve Deny Date :
Dean's Signature (as required b	y College):	Approve Deny Date :
Office Use OnlyTo be complet	ed by Enrollment Services	CRN
ES:12/7/15		Initial/Date: