
Individual Study Approval Form Checklist

Individual study (course numbers ending -97) provides students with opportunities to improve knowledge in courses of study which are not normally available. A student who requests to, or is advised to undertake such individual study should present a brief proposal to the appropriate faculty member.

Proposals eligible for an individual study may include:

- The course is not being offered for the semester (completion needed for graduation or course was cancelled for the semester)
- Student has taken the lecture or lab portion and needs to complete the remaining part.
- Grade mode is different from the existing course offered in the semester.

PLEASE NOTE:

- **Student and faculty member must complete the information requested on this form**
- **All signatures and dates are required.**
- **Incomplete forms will cause a delay in your registration.**
- **ALL information must be printed clearly**

Please use the following checklist prior to submission to the Registrar's Office.

- All student information must be current and complete.
- All course information must be completed. Title is limited to 25 spaces.
- Select appropriate grade mode.
- Individual studies are semester based. End date must be prior to or on the last day of instruction.
- All signatures and dates required.

Syllabus Requirements (must be attached to Individual Study Approval form):

- Rationale for study: Course description including objectives
- Specific activities or methods student will use in meeting the objectives
- Sources of necessary information
- Evaluation method which will be used to determine to what extent the objectives were met

Additional Information:

- Submit completed Individual Study Approval form with attached syllabus to the Registrar's Office with an Add/Drop or Registration form.
- Registration will initially be processed as a subject of INDS and a course number based on level (i.e. F197, F297, F397, F497, or F697).
- Allow several working days for change of INDS to the designated department (i.e. from INDS to GEOG).
- Additional fees might apply for certain courses.

PLEASE PRINT CLEARLY

UA ID No. _____			
Student's Name	LAST	FIRST	MI
CURRENT MAILING ADDRESS: _____			
			EMAIL _____
STREET & NO. _____			DAY PHONE NUMBER _____
CITY	STATE	ZIP	EVENING PHONE NUMBER _____

COURSE INFORMATION- To be completed by instructor and student

DEPT. _____ **NO.** _____ **SEMESTER** _____ **YEAR 20** _____
(MATH, ENGL, ED) (Must end in -97) (Spring, Summer, Fall)

Please provide the course start/end dates

Start date _____ End date _____

TITLE _____
(There are only 25 spaces available for the course title)

GRADING SYSTEM Letter Pass/Fail

NO. OF CREDITS _____ **Contact hours per Week: With Instructor** _____ **Independently** _____

INSTRUCTOR'S NAME _____
(PRINT) LAST FIRST MI

NOTE: Additional copies should be made PRIOR to submission to the Registrar's Office.

PLEASE PROVIDE ALL REQUIRED SIGNATURES

Student's Signature _____ DATE _____

Instructor's Signature _____ DATE _____

Department Head's Signature _____ DATE _____

 Student's Name
 LAST
 FIRST
 MI

OFFICE USE ONLY			
Registration	INDS (RE or AC)	Processed by	Date
Acad. Scheduling	CRN	Processed by	Date
Records	Drop-Swapped (DS)	Processed by	Date

RECEIVED