



INDIVIDUAL STUDY APPROVAL FORM

Office of the Registrar
907-474-6300 • 877-474-6046
uaf-registrar@alaska.edu

Individual study provides students with opportunities to improve knowledge in courses of study which are not listed in the current catalog. A student who requests to, or is advised to undertake such individual study should present a brief proposal and syllabus to the appropriate faculty member.

Syllabus Required: Attach a copy of the complete syllabus to this form.

For more information on syllabus requirements visit:

<https://uaf.edu/uafgov/faculty-senate/curriculum/Updated-2020-Syllabus-Checklist.pdf>

Additional Information

- Submit completed Individual Study Approval form with attached syllabus to the Office of the Registrar 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, etc.)
- Allow several working days for change of INDS to the designated department (i.e. from INDS to GEOG).
- Writing-intensive (W) or oral-intensive (O) designations require the approval of the Core Review Committee chair. The Office of the Registrar will submit your completed form to the chair. Processing may require additional time.
- Additional fees may apply.

Student's last name _____ First _____ MI _____ UA ID _____

Day phone _____ Email _____

COURSE INFORMATION - completed by instructor and student

Dept. _____ No. _____ Semester _____ Year 20 ____
(Math, Engl, Ed) (Ends in -97) (Spring, Summer, Fall)

Course start/end dates: Start date ____/____/____ End date ____/____/____

Course title _____
(There are 25 spaces available for the course title. If this course can be found in the current catalog, use Directed Study Form.)

Grading system: Letter Pass/fail No. of credits _____ Contact hours per week: With instructor _____ Independently _____
 Is this a W or O course? No W (writing-intensive) O (oral-intensive) O/2 Both W and O

Is this course to be taught by distance? Yes No

Have course fees been approved for this course? * Yes No If Yes, fee amount: _____
* Fee request memo must be submitted to the Office of the Provost for approval.

Instructor's last name _____ First _____ Instructor's UA ID _____

Student's signature _____ Date _____
By signing above, the student requests registration for the class indicated on this form, and assumes all academic and financial responsibilities related thereto.

Instructor's signature _____ Date _____

Department chair's signature _____ Date _____

Dean's signature _____ Date _____

Office use only

Core Review Committee chair's signature	Date	COMM or ENGL chair's signature	Date
Registration	INDS (RE or AC)	Processed by	Date
Acad. scheduling	CRN	Processed by	Date
Records	Drop-swapped (DS)	Processed by	Date