



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: www.uaf.edu/syllabus/

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

Instructor's signature	Date
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Department chair's signature	Date
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Dean's signature	Date
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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 _____