Direct and Individual Study Approval Form Checklist

Directed Study allows a student to contract with an instructor to enroll individually in a course that exists in the catalog, outside of the regularly-scheduled sections of the course in a given semester.

Proposals eligible for a direct 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 was different from the existing course offered in the semester.
- Grade mode was different from the existing course offered in the semester.

Individual study (course numbers ending in -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 and syllabus to the appropriate faculty member.

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
- Direct and Individual studies are semester based. End date must be prior to or on the last day of instruction.

Syllabus Requirements (Must be attached to Individual Study Approval Form)
- Course information
- Instructor
- Course readings/materials
- Course description
- Course Goals
- Student Learning Outcomes
- Instructional methods
- Course calendar
- Course policies
- Evaluation
- Support Services
- Disabilities Services
For more information on syllabus requirements please visit: http://www.uaf.edu/uafgov/faculty-senate/curriculum/course-degree-procedures-/uaf-syllabus-requirements/

Additional Information
- Submit completed Individual Study Approval form with attached syllabus to the Office of Admissions and 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).
- Additional fees might apply for certain courses
**Student - PLEASE PRINT CLEARLY**

Name_________________________________UA ID No._ _____________________________

CURRENT MAILING ADDRESS

Street & NO.__________________________________________________________

City_________________________State___________Zip__________________________

**Email_________________________________________________________**

Phone_______________________________________________________________

Day_________________________________________________________________

**Evening**________________________________________________________________

**COURSE INFORMATION- To be completed by instructor and student**

- **Direct Study (course found in catalog)**
- **Individual Study (ends in -97)**

Dept._________________________No._________________________Semester_____________________

(Math, Engl, Ed) (Individual Study courses must end in -97) (Spring, Summer, Fall) Year 20_______

Course Start/end dates: Start date_________________________End date ______________________

Course 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 _________

INSTRUCTORS NAME_____________________________________________________________

UA ID No._ _____________________________

**PLEASE PROVIDE ALL REQUIRED SIGNATURES**

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 Head’s Signature____________________________________DATE_____________________

OFFICE USE ONLY

Registration INDS (RE or AC) Processed by_________________________Date_____________________

Acad. Scheduling CRN Processed by_________________________Date_____________________

Records Drop-Swapped (DS) Processed by_________________________Date_____________________

**OUTDATED FORM: DO NOT USE!**