

APPLICATION FOR INDIVIDUALIZED STUDY

I understand I am responsible for paying any and all fees when due as a result of being enrolled at Lewis-Clark State College. Failure to make the required payment when due can result in late fees, collection and legal fees if the services of a collection agency are employed, the inability to register for a future term, and/or withholding of a transcript.

For Co-ops: Your signature indicates that you have read and agree to this Co-op Agreement and that you are not covered by Worker's Compensation when no wage or salary is received.

Health insurance is required if total term credits equal 12 or more.

 LAST NAME FIRST NAME MI STUDENT ID/SSN STUDENT SIGNATURE

 MAILING ADDRESS CITY ST ZIP PHONE NUMBER DATE

INST METHOD (mark with X)	NUMBER OPTIONS	ATTACHMENTS
<input type="checkbox"/> Directed Study (DS)	190 290 390 490 or catalog crse #	Syllabus
<input type="checkbox"/> Internship (IN)	194 294 394 494 or catalog crse #	None
<input type="checkbox"/> Practicum (PR)	195 295 395 495 or catalog crse #	None
<input type="checkbox"/> Cooperative (CO)	196 296 396 496 or catalog crse #	Syllabus
<input type="checkbox"/> Research Assistantship (RA)	199 299 399 499 or catalog crse #	Project Description

COURSE INFORMATION

If you plan to use an online component, please circle the appropriate secondary instructional method below.

TERM _____ YEAR _____ LOCATION (circle): ONC | CDA | Dist Learning

SUBJECT _____ COURSE # _____ # OF CREDITS _____

TITLE (22 characters max) _____

SEC INST METHOD (circle): HYBF | WEB | LECW | TELR | TELS | LAB | None

FACULTY NAME (printed) _____

FACULTY SIGNATURE _____ DATE _____

Office
Use

Section #

Initials

Date

- Individualized Study options are not available for a course during a term in which that course is already offered.
- **If this Individualized Study course will substitute for another course, a Course Substitution Form must be attached.**

Application ___ Approved ___ Disapproved

Reason Disapproved _____

 Division Chairperson Date

 Site Supervisor (Co-ops only) Date

 Registrar Date

CONTROLLER'S OFFICE ___ fee attached ___ no fee

 Controller's Office Staff Date