

INDIVIDUALIZED STUDY

LAST NAME FIRST NAME STUDENT ID/SSN STUDENT SIGNATURE

MAILING ADDRESS CITY ST ZIP PHONE NUMBER DATE

INST METHOD	NUMBER OPTIONS					ATTACHMENTS
Directed Study (DS:)	190	290	390	490	or catalog course #	Syllabus
Service Learning (SL:)	193	293	393	493	or catalog course #	None
Internship (IN:)	194	294	394	494	or catalog course #	None
Practicum (PR:)	195	295	395	495	or catalog course #	None
Research Assistantship (RA:)	199	299	399	499	or catalog course #	Project Description

*Please ensure the number you choose exists in the current college catalog before noting it on this form.

<u>COURSE INFORMATION</u>		Office Use
TERM _____	YEAR _____	_____
LOCATION (check one): ONC CDA ONLINE		Section #
SUBJECT _____	COURSE # _____	_____
# OF CREDITS _____		Initials
TITLE _____		_____
SEC INST METHOD (check)	LEC LAB VRT WEB HYBF NONE	Date
FACULTY NAME (printed) _____		_____
FACULTY SIGNATURE _____	DATE _____	_____
DIVISION CHAIR SIGNATURE _____	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 substitution form must be attached.