

## 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.

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"/> Service Learning (SL:)	193 293 393 493 or catalog crse #	None
<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"/> Research Assistantship (RA:)	199 299 399 499 or catalog crse #	Project Description

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

<b><u>COURSE INFORMATION</u></b>	<b>Office Use</b>
<b>TERM</b> _____ <b>YEAR</b> _____ <b>LOCATION (circle):</b> <b>ONC   CDA   Online</b> <b>SUBJECT</b> _____ <b>COURSE #</b> _____ <b># OF CREDITS</b> _____ <b>TITLE</b> _____ <small>If you plan to use an online component or alternate method, please circle the appropriate secondary method below.</small> <b>SEC INST METHOD (circle):</b> <b>LEC   LAB   VRT   WEB   HYBF   None</b> <b>FACULTY NAME (printed)</b> _____ <b>FACULTY SIGNATURE</b> _____ <b>DATE</b> _____	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

\_\_\_\_\_  
 Registrar                      Date

<b>CONTROLLER'S OFFICE</b> ___ fee attached ___ no fee	
_____ Controller's Office Staff	_____ Date