

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.

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.

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

Application ___ Approved ___ Disapproved Reason Disapproved _____

 Division Chairperson Date

 Registrar Date

CONTROLLER'S OFFICE ___ fee attached ___ no fee
_____ Controller's Office Staff Date