

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 <i>(mark with X)</i>		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.

COURSE INFORMATION

TERM _____ YEAR _____ LOCATION (circle one): **ONC | CDA | Online**

SUBJECT _____ COURSE # _____ # OF CREDITS _____

TITLE _____

GRADE SCHEME: **GRADED** **PASS/FAIL**

Please circle the appropriate instruction method below:

SEC INST METHOD: **LEC | LAB | VRT | WEB | HYBF | None**

FACULTY NAME (print) _____

FACULTY SIGNATURE _____ DATE _____

**Registrar's
Office Use Only**

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

STUDENT ACCOUNTS OFFICE ___ fee attached ___ no fee	
_____ Student Accounts Staff	_____ Date