



**Office of the  
University Registrar**  
25 University Avenue, West Chester, PA 19383  
Ph: 610-436-3541 Fx: 610-436-2370  
[www.wcupa.edu/registrar](http://www.wcupa.edu/registrar)

WCU ID# \_\_\_\_\_

*Required*

## APPLICATION FOR INDEPENDENT STUDY/INDIVIDUALIZED INSTRUCTION

*Instructions:* Please complete all information on the form and return to the Registrar's Office for processing. This form **must be filed in the Registrar's Office before the end of the Drop/Add period** in which the Independent Study takes place. Refer to the undergraduate catalog for official policy on Independent Study and Individualized Instruction.

Term:  Fall \_\_\_\_\_ (Year)       Spring \_\_\_\_\_ (Year)       Summer \_\_\_\_\_ (Year & Session)

**Student Name:** \_\_\_\_\_

*Provide a brief description of the Independent Study or rationale for Individualized Instruction:*

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**This section to be completed by the faculty supervising the Independent Study.**  
*Faculty is directed to please review the Independent Study policy and procedure prior to approving this request.*

Course (Subj/Num) - \_\_\_\_\_ # \_\_\_\_\_      Department: \_\_\_\_\_

Faculty Name: \_\_\_\_\_      Faculty ID# \_\_\_\_\_

Signature: \_\_\_\_\_      Date: \_\_\_\_\_

**This section to be completed by the Department Chair for the department in which the Independent Study/Individualized Study will be housed.**

APPROVE      Print Last Name: \_\_\_\_\_

Signature: \_\_\_\_\_      Date: \_\_\_\_\_

**This section to be completed by the Dean of the College in which the Independent Study/Individualized Study will be housed.**

APPROVE      Print Last Name: \_\_\_\_\_

Signature: \_\_\_\_\_      Date: \_\_\_\_\_

**Student's signature/Date (required):** \_\_\_\_\_

**Office Use Only**

Processed by: \_\_\_\_\_      Date: \_\_\_\_\_