



Individualized Instruction Application

This form must be filed by the end of the ADD period of the session in which the Individualized Instruction is to take place.

Please refer to the Undergraduate Catalog for the Policy on Individualized Instruction.

Name: _____ Student ID# _____

Signature: _____ Date: _____

This section to be completed by the faculty supervising the Individualized Instruction.

Faculty is directed to please review the Individualized Instruction policy and procedure prior to approving this request.

Term in which Individualized Instruction is requested.

Independent Study Abrv. _____ # _____ Department: _____

Faculty Name: _____ Date: _____

Signature: _____ Faculty ID# _____

This section to be completed by the Department Chair for the department in which the Individualized Instruction will be housed.

Print Last Name: _____

Signature: _____ Date: _____

Reason for requesting Individualized Instruction:

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

APPROVE Print Last Name: _____

Signature: _____ Date: _____