

INDEPENDENT STUDY/INDIVIDUALIZED INSTRUCTION

Instructions: Please complete all information on the form and return to the Registrar's Office for Processing. Once the Registrar's Office has processed, **the student will be responsible for registering for the course.** This form **must be returned to 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) _____
 Winter (Year) _____
 Spring (Year) _____
 Summer (Year & Session) _____

If Independent Study is Research Based or a Creative Activity, please check box:

- Research/Creative Activity

Student Name: _____

Phone: _____

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/Individualized Instruction.

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 Instruction 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 Instruction will be housed.

APPROVE

Print Last Name: _____

Signature: _____

Date: _____

I understand that upon returning this completed form to the Registrar's Office, I will be granted permission to enroll, but that I must enroll myself in the class via myWCU before the Drop/Add Period deadline for the semester.

Student's signature (required): _____

Date: _____

Office Use Only

Processed by: _____ Date: _____