



INDIVIDUALIZED INSTRUCTION APPROVAL

When a student must enroll in a course during a semester that does not appear on the schedule, a request may be made to complete the course requirements through individualized instruction. Permission is subject to approval by the Dean of the college or his/her designee. **If the course needed does appear on the schedule as a classroom course during semester/session, additional approval from APSCUF President is required.**

Please type or print firmly

A. Status: Graduate student _____ Undergraduate student _____

B. Proposed semester/session: Year _____ Fall _____ Spring _____ Early Session _____ Summer I _____ Summer II _____
Students, together with faculty members supervising Individualized Instruction, must have this Approval Form processed through the steps listed in section F prior to beginning instruction.

C. Student Information:

- 1. Student's Banner Number: @ _____ Date Submitted to Faculty Member: _____
- 2. Student's Name: _____
First name MI Last name
- 3. Student's Mailing Address: _____
Number and Street City State Zip

D. Course Information:

- 1. Course: _____
Dept Number Section CRN # Course Title Credits
- 2. Is this course also on the schedule as a CLASSROOM COURSE during semester/session requested? ___Yes ___No
Note: If response is "yes" additional approval from APSCUF President is required.

E. Rationale and Plan of Study: (Faculty Member of Record: Please answer the following questions on a separate sheet of paper.)

- 1. Why is the student requesting permission to take an individualized instruction course?
- 2. What procedure will be used to accomplish the course objectives?
- 3. How will the coursework be evaluated? What published or printed materials will you use?
- 4. Use for special purpose i.e. liberal studies elective, writing intensive, Honors College, non-western, etc.?

F. Routing by Signature Approval

- 1. Faculty Member of Record: (print) _____
First name MI Last name
Signed: _____ Date: _____
(Signature verifies acceptance of proposal.)
- 2. Advisor or Doctoral Coordinator: _____ Date: _____
- 3. Chairperson: _____ Date: _____
(Signature verifies workload and total number of students are within CBA limits.)
- 4. College Dean: _____ Date: _____
(Signature verifies adequate budget is available and all criteria have been met.)
- 5. **APSCUF President:** _____ **Date:** _____
(If response to Section D #2 above is "yes," this form must be delivered to the APSCUF President by the end of the Drop/Add period.)
- 6. Registrar: _____ Date: _____
(Signature verifies registration completed.)

Copies of this completed form are to be distributed by the REGISTRAR OFFICE to the following:
College Dean's Office, Faculty Member of Record, APSCUF Office, VP for Acad. Admin. Office, Dept. Chairperson, & Student