



Individualized Instruction Request Form

Instructions are printed on reverse side. Please type or PRINT (INK ONLY) all information requested.

Please check one: _____ Graduate/Post Baccalaureate Certificate _____ Undergraduate Student

Indicate the Year for the request below: _____

Indicate Semester or Session: Fall _____ Spring _____ Summer I _____ Summer II _____ Summer 10 Weeks _____ Winter _____

Student Name: _____ Student ID: _____

Home Address: _____

Email Address: _____ Cell Phone#: _____ Home Phone#: _____

Student Signature: _____ Date: _____

Major/Specialization: _____

CHECK ONE: _____ Undergraduate Student – Total Semester Hours Passed _____
_____ Graduate Student – Applied for Candidacy on _____
_____ Post Baccalaureate Certification Student requirements to be completed as of _____

REASON FOR REQUEST:

- _____ Conflict in Schedule with other required courses
- _____ Required course previously offered too early in student’s curriculum
- _____ Course previously limited by enrollment or change in schedule
- _____ No course substitution is possible in the student’s curriculum
- _____ Other _____

COURSE REQUESTED:

PREFIX _____ NO. _____ #OF CREDITS _____ COURSE TITLE _____

(The course must be a regularly offered university catalog course. Please check the catalog for verification.)

For Verification of Attendance purposes, please enter the course start, midterm and end date if different from those of the semester or session in which it is being taught. Form will be returned if dates are not included.

Start Date _____ Midterm _____ End Date _____

PRINT INSTRUCTOR’S NAME: _____

Instructor’s Signature: _____ Date: _____

Department Chairperson’s Signature: _____ Date: _____

Dean’s Signature: _____ Date: _____

Dean of Graduate Studies’ Signature: _____ Date: _____

APSCUF’S Signature: _____ Date: _____

(Permission required for courses scheduled to be taught this semester/session)

Winter Session Courses must be approved and signed by the Provost.

_____ Approved _____ Disapproved _____
Provost Signature

OFFICE USE ONLY:

_____ / _____ / _____ / _____ / _____ / _____
Course Prefix Section Class No. Credits Date Instructor’s Name

INSTRUCTIONS

1. Student should carefully and completely fill out the reverse side of this form either typed or by print (**INK ONLY**).
2. Be sure to indicate what semester and year the request is for.
3. Secure the Instructor's signature.
4. Secure the Department Chairperson's signature (indicates departmental approval).
5. Secure the signature of the Dean of the College in which the department resides.

POLICY ON INDIVIDUALIZED INSTRUCTION APPLICABLE TO STUDENTS

1. In all circumstances of Individualized Instruction:
 - a. The course must be a regular university catalogue course.
 - b. The course is not scheduled to be taught in the particular semester.
2. Individualized Instruction is available only to degree undergraduate students who have passed no less than 32 semester hours, to degree graduate students only after approval of degree candidacy and students accepted into Post Baccalaureate Certification programs.
3. Individualized Instruction may be assigned/approved only for **required** courses in the student's degree curriculum. The student is expected to have observed all required sequence(s) of degree courses and to have registered for courses within the usual schedule of semester offerings appropriate to the student's degree and/or major.
4. Students may not repeat a course (taken by the normal method) via Individualized Instruction without the approval of the Undergraduate or Graduate Exceptions Committee, as applicable.
5. A student is permitted to enroll in only one course under Individualized Instruction during the term of the study.
6. A student enrolled in a course under Individualized Instruction may meet with the instructors regularly for at least 5 contact hours per credit offered. Examinations and other work will be comparable to the requirements of the course when regularly offered.