INDIVIDUALIZED SECTION
For Independent Study, Thesis, Internship, and Directed Reading Registration

Student’s ID/G Number

Student’s Name (Please Print Last, First, MI)

Course Title: ____________________________________________________________
Limited to 30 Characters Including Spaces

Department ___________ Course # ___________ for ______ Credits

Year ________________ Semester: _____Fall _____Spring _____Summer

For Summer Only - Part of Term Requested:

________________________  1A  _____  1B  _____   1C  _____ 1I
(Note: Default is Part of Term 1I)

Instructor’s Name (Last, First)

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For Office Use Only
Section_______ CRN_______ Initials_____ Date _________

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Department Chair

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College Dean/Director (if required by School or Dept)