### Individual Study Approval Form

**Individual study** provides students with opportunities to improve knowledge in courses of study which are not listed in the current catalog. A student who requests to, or is advised to undertake such individual study should present a brief proposal and syllabus to the appropriate faculty member.

**Syllabus Requirements** - Attach a copy of the complete syllabus to this form.

- [ ] Course information
- [ ] Course description
- [ ] Instructional methods
- [ ] Evaluation
- [ ] Instructor
- [ ] Course Goals
- [ ] Course calendar
- [ ] Course readings/materials
- [ ] Student Learning Outcomes
- [ ] Course policies
- [ ] Disabilities Services

For more information on syllabus requirements visit: [www.uaf.edu/syllabus/](http://www.uaf.edu/syllabus/)

### Additional Information

- Submit completed Individual Study Approval form with attached syllabus to the Office of Admissions and the Registrar with an Add/Drop or Registration form.
- Registration will initially be processed as a subject of INDS and a course number based on level (i.e. F197, F297, etc.)
- Allow several working days for change of INDS to the designated department (i.e. from INDS to GEOG).
- Writing-intensive (W) or oral-intensive (O) designations require the approval of the Core Review Committee chair. The Office of Admissions and the Registrar will submit your completed form to the chair. Processing may require additional time.
- Additional fees may apply.

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**Student’s last name** | **First** | **MI** | **UA ID**
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**Day phone** | **Email**

**COURSE INFORMATION - completed by instructor and student**

- **Dept.** (Math, Engl, Ed)  
- **No.** (ends in -97)  
- **Semester** (Spring, Summer, Fall)  
- **Year 20**

- **Course start/end dates:**  
  - **Start date**  
  - **End date**

- **Course title**  
  (There are 25 spaces available for the course title. If this course can be found in the current catalog, use Directed Study Form.)

- **Grading system:**  
  - [ ] Letter  
  - [ ] Pass/fail  
  - **No. of credits**

- **Contact hours per week:**  
  - With instructor  
  - Independently

- **Is this a W or O course?**  
  - [ ] No  
  - [ ] W (writing-intensive)  
  - [ ] O (oral-intensive)  
  - [ ] O/2  
  - [ ] Both W and O

- **Is this course to be taught by distance?**  
  - [ ] Yes  
  - [ ] No

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**Instructor’s last name** | **First** | **Instructor’s UA ID**
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**Student’s signature**

*By signing above, the student requests registration for the class indicated on this form, and assumes all academic and financial responsibilities related thereto.*

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**Instructor’s signature**

**Department chair’s signature**

**Dean’s signature**

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**Office use only**

<table>
<thead>
<tr>
<th>Core Review Committee chair’s signature</th>
<th><strong>Date</strong></th>
<th><strong>COMM or ENGL chair’s signature</strong></th>
<th><strong>Date</strong></th>
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<td>Registration</td>
<td>INDS (RE or AC)</td>
<td>Processed by</td>
<td></td>
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<tr>
<td>Acad. scheduling</td>
<td>CRN</td>
<td>Processed by</td>
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<tr>
<td>Records</td>
<td>Drop-swapped (DS)</td>
<td>Processed by</td>
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