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/

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.

Student’s last name                        First                        MI                        UA ID

Day phone                                  Email

COURSE INFORMATION - completed by instructor and student

Dept. ________________________________ No. ________________________________ Semester __________________________ Year 20 ___

(Math, Engl, Ed)                        (Ends in -97)                        (Spring, Summer, Fall)

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

Instructor’s last name                        First                        Instructor’s UA ID

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.

Instructor’s signature

Date

Department chair’s signature

Date

Dean’s signature

Date

Office use only

Core Review Committee chair’s signature

Date

COMM or ENGL chair’s signature

Date

Registration

INDS (RE or AC)

Processed by

Date

Acad. scheduling

CRN

Processed by

Date

Records

Drop-swapped (DS)

Processed by

Date

Date

Date