Individualized Instruction Application

Individualized Instruction is defined as individual study of a regular university catalogue course during an academic semester when the course has not been regularly scheduled. (Ref: Labor Relations Division letter to President Diebold, July 29, 1980)

STUDENT INFORMATION:

Student ID: ____________________________  Check One: □ Undergraduate  □ Graduate

Name: Last _________________________________________ First __________________________ M.I. __________

Phone: ______________________________________

Term: (Check One): Fall 20___  Wintersession 20___  Spring 20___  Summer 20___  Session ___

Registered credit hours for selected term: _____  Total earned credit hours: _____  Expected graduation date: ___________

Requesting Individualized Instruction for:

<table>
<thead>
<tr>
<th>Course Subject</th>
<th>Course Number</th>
<th>Course Title</th>
<th>Credit hours*</th>
</tr>
</thead>
</table>

*Management will not approve, nor shall a faculty member accept students for more than (9) academic credit hours of individualized instruction per semester/session.

This course is: □ Required for Graduation  □ An Elective  Last time course was offered: ________________

Justification for requesting the instruction: (Please discuss why you are requesting individualized instruction, why you did not take the course when it was last offered, whether the course is required for your academic program, etc.)

_________________________________________________________________________________________

_________________________________________________________________________________________

_________________________________________________________________________________________

Student Signature: ____________________________  Date: ___________

Recommended:

Advisor’s Name (Please Print)  Advisor’s Signature  Date

Instructor’s Name (Please Print)  Instructor’s Signature  Date

Department Chairperson’s Signature (Course)  Date

Approved:

Dean’s Signature (Student Major)  Date

Dean’s Signature (Course)  Date

Mail or Fax Completed Form to: Office of Records and Registration, Edinboro University, Hamilton Hall, 210 Glasgow Rd, Edinboro, PA 16444, Fax: 814.732.2130, Phone: 814.732.5555
c. Dean (student’s major), Dean (course), Student, APSCUF, Department Chairperson, Instructor, Advisor, and Registrar

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