



# Individualized Instruction Application

## STUDENT INFORMATION:

Student ID: @ \_\_\_\_\_ **Check One:** Undergraduate Graduate

Name: Last \_\_\_\_\_ First \_\_\_\_\_ M.I. \_\_\_\_\_

Phone: \_\_\_\_\_

**Term: Select one:** Fall 20\_\_\_\_ Wintersession 20\_\_\_\_ Spring 20\_\_\_\_ Summer 20\_\_\_\_ - Session \_\_\_\_\_

Registered credit hours for selected term: \_\_\_\_\_ Total earned credit hours: \_\_\_\_\_ Campus: \_\_\_\_\_

Expected Graduation Date: \_\_\_\_\_

Requesting Individualized Instruction for:

Course Subject	Course Number	Course Title	Credit hours*

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*(Attach your Degree Works Audit to this application.)*

## To be completed by the student's advisor:

Last time course was offered: \_\_\_\_\_

- Yes No Is the course required for graduation?
- Yes No Will the course be offered before the student's expected graduation date?
- Yes No Are there suitable substitutions for the course?

Why is this course needed as an Individualized Instruction this semester?

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## Recommended:

_____ Advisor's Name (Please Print)	_____ Advisor's Signature	_____ Date
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_____ Instructor's Name (Please Print)	_____ Instructor's Signature	_____ Date
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*(Management will not approve, nor shall a faculty member accept, students for more than (9) workload hours of individualized instruction per semester/session.)*

_____ Department Chairperson's Signature (Course)	_____ Date
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Approve Disapprove	_____ Dean's Signature (student's major)	_____ Date
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Approve Disapprove	_____ Dean's Signature (course)	_____ Date
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**Return completed form to:** Office of Records and Registration, Edinboro University, Hamilton Hall, 210 Glasgow Rd, Edinboro, PA 16444, Fax: 814.732.2130, Phone: 814.732.3501, E-mail: records@edinboro.edu

**Or Email:** records@edinboro.edu  
c. Dean (student's major), Dean (course), Student, APSCUF, Department Chairperson, Instructor, Advisor, and Registrar