

UNIVERSITY OF ALASKA FAIRBANKS
INDIVIDUAL STUDY APPROVAL

Office of the Registrar, 102 Signers' Hall, UAF Campus
Phone (907) 474-6300 FAX (907) 474-7097

Complete both pages of this form with your instructor. Have the instructor sign the form and then take it to the head of the department in which the course is offered (for example, the Mathematics department head for an individual study in math). Turn in this form with your registration or add/drop form.

PLEASE PRINT NAME _____ ID No. _____-_____-_____
LAST FIRST M.I. (Usually your Social Security Number)

CURRENT MAILING ADDRESS _____
Street & No. City State Zip

TELEPHONE NUMBERS _____
Day Phone Number Evening Phone Number

CAMPUS LOCATION _____ *(Fairbanks, Nome, Bethel, etc.)*

COURSE INFORMATION – TO BE COMPLETED BY INSTRUCTOR AND STUDENT:

DEPT. _____ NO. _____ SEMESTER _____ YEAR 20 _____
(Math, Engl, Ed) (Must end in -97) (Fall, Spring, Summer)

If not full semester or summer session course: Course start date _____ end date _____

TITLE: (Print Clearly) _____
(There are only 30 spaces available for your course title.)

Grading System: Letter Pass/Fail Number of Credits: _____

Clock Hours Per Week: With Instructor _____ Independently _____

Printed Name of Instructor: _____
LAST FIRST M.I.

**ON THE ATTACHED PAGE, COMPLETE THE FOLLOWING:
(Second page is required.)**

- a. Course description including objectives
- b. Specific activities or methods student will use in meeting the objectives
- c. Sources of necessary information
- d. Evaluation method which will be used to determine to what extent the objectives were met

****NOTE:** If the student and the instructor require copies of the attached course description, they should be made PRIOR to submission of the forms to the Registrar's Office.

Student's Signature _____ Date _____

Instructor's Signature _____ Date _____

Department Head's Signature _____ Date _____

TO BE COMPLETED BY THE REGISTRAR'S OFFICE

Dept. _____ No. _____ Section _____ CRN _____ Processed by _____ Date _____
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INDIVIDUAL STUDY APPROVAL – PAGE TWO

NAME _____ ID No. _____ - _____ - _____
LAST FIRST M.I. (Usually your Social Security Number)

DEPT. _____ NO. _____ SEMESTER _____ YEAR 20 _____
(Math, Engl, Ed) (must end in -97) (Fall, Spring, Summer)

COURSE TITLE: _____

Information on this page must include the following: (use more than one page if necessary)

- a. Course description including objectives
- b. Specific activities or methods student will use in meeting the objectives
- c. Sources of necessary information
- e. Evaluation method which will be used to determine to what extent the objectives were met

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