Individual Instruction Course Request Form

(Each section below must be completed for submission.)

I. Student Information. The student completes this section with: full name, UR ID number, current school, and the method of individual instruction.

Name: ____________________________________________________________  UR ID: __ __ __ __ __ __ __

Current Student In:

☐ School of Arts & Sciences
☐ Robins School of Business
☐ Jepson School of Leadership
☐ Graduate School of Arts & Sciences
☐ School of Continuing Studies

Mark one of the following selections for individual instruction:

☐ Independent Study
☐ Internship
☐ Practicum
☐ Summer Study Abroad Internship in: ________________________________________ (Program, Country)

II. Individual Instruction Course Set-Up & Approval. This section is completed by UR faculty.

• The student contacts the instructor they intend to work with on individual instruction.
• The instructor decides upon the appropriate subject, course number, and credits as listed for the instructor's department in the undergraduate catalog for that department's independent study, practicum and internship offerings.
• The course title is decided upon by the student and instructor and should give an indication of the theme of the individual instruction.
• The instructor should indicate approval of this by completion of the signature space.
• The Department Chair should review and indicate approval by completion of the signature space.
• The Dean of the student's school as listed in Part I, should indicate approval by completion of the signature space. (For students in the School of Continuing Studies or Other, the Dean's approval should be obtained through the School of Continuing Studies Associate Dean's office.)

Subject: __________________________________ Course Number: ____________ Credits: ____________

Course Title: ____________________________________________________________

Instructor Name: _________________________________________________________

Instructor's Signature: ____________________________________________________

Department: ____________________________________________________________

Department Chair’s Signature: _____________________________________________

School Dean’s Signature: _________________________________________________
(School of Arts & Sciences, Robins School of Business, Jepson School of Leadership, School of Continuing Studies)

III. Student’s Signature: _________________________________________________  Date __________________________

IMPORTANT:

THIS FORM MUST BE COMPLETED AND RETURNED TO THE UNIVERSITY REGISTRAR'S OFFICE, SARAH BRUNET MEMORIAL HALL. FOR SCHOOL OF CONTINUING STUDY STUDENTS ONLY, THIS FORM MAY BE RETURNED TO THE SUMMER SCHOOL OFFICE IN THE SPECIAL PROGRAM BUILDING.

All Individual instruction courses will be set up in the Summer Term. Please see the Summer School catalog for dates.