INDIVIDUALIZED STUDY REQUEST
(Independent Study/Research, Internship, Practicum or non-Engineering Co-op Education)

ALL FIELDS ARE MANDATORY FOR YOUR REGISTRATION TO BE PROCESSED:
Registration Semester/Year: Fall __________ Year __________ Spring __________ PH Summer __________
1st Sum. __________ 2nd Sum. __________ 3rd Sum. __________
Student Name: ____________________________________________ University ID Number: _______________________
College/School: ______________________________________ Program/Major: ___________________________
Campus: _______ Undergraduate __________ Graduate __________ First Professional

I understand that this form is conditionally accepted by the University of the Pacific and that I am responsible for payment of applicable tuition and fees associated with it.

►Student Signature: ____________________________________________ Date: ______________

INSTRUCTIONS:
1. Arrange the course work with the faculty member, determine the appropriate course number (see General Catalog) and course title.
2. Present this completed form to the Office of the Registrar. The date this completed form is received in the Office of the Registrar is considered the effective date of registration.
3. For all internships, please fill in the Internship section below
4. The Associate Dean’s signature is required only if this course is considered a late add or late registration.

COURSE INFORMATION:
Check one: □ Independent Study (191/193/291/391) □ Independent Research (197/297/397) □ Practicum (089/189)
□ Internship (087/183/187/287/387) □ Co-op Education (092/192) □ Other __________
School Offering Course: __________________________________________
Course Subject (e.g. ENGL): _______ Title (30 spaces max): ___________________________________________________________________________________________
Units: _______ Name of Sponsoring Faculty (please print): __________________________________________

INTERNERNSHIP INFORMATION
Start Date: __________ End Date: __________ Paid or Non-Paid: _______ Employer: __________________________
Site Address: __________________________________________
Street __________ City __________ State __________ Zip __________

FOR INSTRUCTOR/DESIGNEE USE ONLY – CHECK ALL THAT APPLY:
□ Student will be sitting in a course currently being offered. Specify course: ____________________________
□ Course already exists in the General Catalog (Ind. Study courses only). Specify course: ____________________________
□ This course fulfills the following program requirements. Specify (e.g. HIST 033 or Eng. Elec.): ____________________________

I verify that the above named student will meet the appropriate requirements.

Required Signatures:
►Advisor: __________________________ Name (print): __________________________ Date: __________
►Sponsoring Faculty Member: __________________________ Date: __________
►Chair or Designee: __________________________ Date: __________
►Associate Dean or Designee: __________________________ Date: __________

Associate Dean signature only required after the last day to add for the term.

OFFICE OF THE REGISTRAR USE ONLY
Course Attributes: _________________________ CRN: _______________ Processed By/Date: ____________________________

Last revised: 1/30/2015