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 _____ PH Winter _____ Spring _____ 1st Sum. _____ 2nd Sum. _____ 3rd Sum. _____

Student Name: _____________________________________________ University ID Number: _________________________

College/School: ______________________________________ Program/Major: ______________________

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 ELO internships, you are required to complete the ELO Internship Learning Agreement on the second page of this document.
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)

Is this Independent Study an ELO? yes / no

□ Internship (087/187/287/387) □ 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): ________________________________________________

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:

► Adviser: __________________________ 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: ____________________
ELO Internship Learning Agreement (Required)
For more information regarding ELO Internships go to http://web.pacific.edu/x4908.xml

Student: _____________________________________________ University ID Number:_______________________________
Semester: FA____ SP____ SUM ____200____ Units:____ Start date:_____________ End date:_______________________
Course Number: _______________ Course Title: _______________________________ Paid ____ Non-Paid ______________
Employer: ______________________________________________________________________________________________
Site Address:____________________________________________________________________________________________

Faculty Advisor: I am aware that my student advisee is seeking to obtain an internship.
Name (printed):_______________________________________ Department:____________________________________
Email:______________________________________________ Telephone:_____________________________________
Signature:___________________________________________ Date:_________________________________________

Faculty Supervisor: I have discussed the internship with this student and have collaborated with the student to develop learning objectives for this experience. In addition, I have assigned and will evaluate academic work relevant to this internship. I also agree to be available to regularly meet with the student to discuss the internship experience, to assess learning outcomes, and to conduct an on-site visit, where appropriate.
Name (printed): _______________________________________ Department: ________________________________________
Email: _______________________________________________ Telephone : ________________________________________
Signature: ____________________________________________ Date:______________________________________________

Department Chair
Name (printed): ________________________________ Department:
Email: ____________________________________________ Telephone :
Signature: ________________________________________ Date:

Site Supervisor: I have discussed this internship with the student and have collaborated with the student to identify and plan on-site work/projects that meet the student’s learning objectives, as well as the needs of my organization. I agree to provide the intern with an orientation to organizational policies, procedures, and functions, to meet with the intern on a regular basis, to assess and share my evaluation of the student’s work with the faculty supervisor, and to be available to the intern for consultation and advise during the course of the internship. I also agree to participate in a site visit with the student’s faculty supervisor or other university internship-related representative, if appropriate.
Name (printed): ________________________________ Title:
Email: ____________________________________________ Telephone:
Signature: ________________________________________ Date:

Student: I agree to fulfill the learning and work commitments that I have made in relation to this internship. I agree to complete all internship requirements and assignments promptly and to the best of my ability. I also agree to familiarize myself with and to adhere to the organizational procedures, functions, and standards of ethical conduct relevant to my internship role and setting.
Name (printed): __________________________________________________________________________________________
Signature:________________________________________________ Date:__________________________________________
Telephone: _____________________________  E-mail: _____________________________________________________

Career Resource Center: (All above signatures must be secured prior to turning in Learning Agreement)
Approved by Career & Internship Consultant: Name (printed): ________________________________ Date:
Signature: ____________________________________________________________________________

3601 Pacific Avenue, Stockton, CA 95211 Phone: (209) 946-2361 Fax (209) 946-2760

Last revised 11/30/2010