



**Office of the Registrar**  
 University of the Pacific  
 3601 Pacific Ave.  
 Stockton, CA 95211

**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 \_\_\_\_\_ Spring \_\_\_\_\_ PH Summer \_\_\_\_\_ 1<sup>st</sup> Sum. \_\_\_\_\_ 2<sup>nd</sup> Sum. \_\_\_\_\_ 3<sup>rd</sup> Sum. \_\_\_\_\_  
Year Year Year Year Year Year

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)

*Is this Independent Study an ELO? yes / no*

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): \_\_\_\_\_

**INTERNSHIP 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**

Last revised: 1/30/2015

Course Attributes: \_\_\_\_\_ CRN: \_\_\_\_\_ Processed By/Date: \_\_\_\_\_