



Office of the University Registrar
25 University Avenue, West Chester, PA 19383
Ph: 610-436-3541 Fx: 610-436-2370
www.wcupa.edu/registrar

WCU ID# _____

Required

INDEPENDENT STUDY/INDIVIDUALIZED INSTRUCTION

Instructions: Please complete all information on the form and return to the Registrar's Office for processing. This form **must be filed in the Registrar's Office before the end of the Drop/Add period** in which the Independent Study takes place. Refer to the undergraduate catalog for official policy on Independent Study and Individualized Instruction.

Term:

- ☐ Fall (Year) _____
☐ Winter (Year) _____
☐ Spring (Year) _____
☐ Summer (Year & Session) _____

If Independent Study is Research Based or a Creative Activity, please check box:

- ☐ Research/Creative Activity

Student Name: _____

Provide a brief description of the Independent Study or rationale for Individualized Instruction:

This section to be completed by the faculty supervising the Independent Study.

Faculty is directed to please review the Independent Study policy and procedure prior to approving this request.

Course (Subj/Num): _____ # _____ Department: _____
Faculty Name: _____ Faculty ID# _____
Signature: _____ Date: _____

This section to be completed by the Department Chair for the department in which the Independent Study/Individualized Study will be housed.

☐ APPROVE Print Last Name: _____
Signature: _____ Date: _____

This section to be completed by the Dean of the College in which the Independent Study/Individualized Study will be housed.

☐ APPROVE Print Last Name: _____
Signature: _____ Date: _____

Student's signature/Date (required): _____

Office Use Only

Processed by: _____ Date: _____