APPLICATION FOR
INDIVIDUAL ENROLLMENT

Individual Enrollment Checklist for Student (required)

_____ Check with academic department about regulations governing intended Individual Enrollment.

_____ Begin a dialogue and have a commitment from the faculty supervisor at least one semester in advance.

_____ Ensure that this form is filled out completely.

_____ Attach a detailed project description and/or syllabus. The means by which the faculty supervisor will grade the course must be included in the description or syllabus.

_____ Attach Degree Audit. (For Faculty Supervisor use)

_____ Submit application to your Academic Department.

Student’s Name: _____________________________   Student’s ID Number: ________________________

Course ID Number:   __________

Credit Hours: _____

Year: ______

Part of Term (circle one): Fall   Spring   or   Summer - Start Date: __________ End Date: _________

Faculty Supervisor: ______________________________________________________________________

Project Title: ___________________________________________________________________________

Individual Enrollment Policies

➢ This form is to be completed and signed by the student, faculty supervisor, and department chair.

➢ Students enrolling in HONS 399 must obtain the signature of the Honors College Dean in lieu of the department chair.

➢ A detailed project description and/or syllabus must accompany all Application for Individual Enrollment forms. The means by which the faculty supervisor will grade the course must be included in the description or syllabus. (This includes zero credit courses.)

➢ Lecture courses cannot be used as individual enrollment courses.

➢ The deadline for submission to the Office of the Registrar is the drop/add date for the specified term.

➢ This is the only individual enrollment form that will be accepted by the Office of the Registrar.

➢ This form cannot be submitted by the student.

THE OFFICE OF THE REGISTRAR WILL NOT ACCEPT FAXED APPLICATIONS.

APPROVAL SIGNATURES (ALL SIGNATURES REQUIRED FOR PROCESSING)

____________________________________________________   ______________________________________________________
Student                                             Date

____________________________________________________   ______________________________________________________
Faculty Supervisor                                Date
(Include a Syllabus or a Faculty Plan for Grading Student Work)

____________________________________________________   ______________________________________________________
Chair of Department or Dean of Honors College       Date

____________________________________________________   ______________________________________________________
Office of the Registrar                             Date

9/5/13