Application for Individual Enrollment

This form is used by admitted students for taking regularly offered courses out of sequence or on an individual basis in order to meet program/degree needs.

Today’s date _____________________________

Student ID                           Last name                                                        First                                                           MI

Degree: ___________ Major: _______________ Concentration: _______________________________

Requested Course dept/Number #: ___________  Course Title: __________________________________________

Instructor: _____________________________________  Start Date: _____/_____/_____  End Date: _____/_____/_____

REASON FOR REQUEST: (Why must course be taken out of sequence or on an individual basis?) _______________________
__________________________________________________________________________________________________
__________________________________________________________________________________________________
__________________________________________________________________________________________________

CURRICULUM PLANNING GUIDE: (Will regular syllabus be used? other?) _____________________________________
__________________________________________________________________________________________________
__________________________________________________________________________________________________

COMMENTS: ________________________________________________________________________________________
__________________________________________________________________________________________________
__________________________________________________________________________________________________

Student Signature: _____________________________________________________________  Date: _____/_____/_____

An instructor may agree to sponsor an individual or may refuse out of respect for his or her regular teaching, research, and services. Instructors are not required to supervise individual enrollments. Approval must be completed before course work begins.

Approved: ☐ Yes ☐ No _____________________________________________________________ Date: _____/_____/_____

Instructor

Approved: ☐ Yes ☐ No _____________________________________________________________ Date: _____/_____/_____

Academic Advisor

Approved: ☐ Yes ☐ No _____________________________________________________________ Date: _____/_____/_____

Program Coordinator

Approved: ☐ Yes ☐ No _____________________________________________________________ Date: _____/_____/_____

Department Chair

Approved: ☐ Yes ☐ No _____________________________________________________________ Date: _____/_____/_____

Associate Vice President of Academic Affairs

Approved: ☐ Yes ☐ No _____________________________________________________________ Date: _____/_____/_____

Associate Vice President for Academic Administration and Finance