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 or syllabus, and include assessment plans for student learning outcome.
_____ Attach Degree Audit.
_____ Submit application to your Academic Department.

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

Course ID Number: __________________________

( ) CHEM ( ) (399) (01)

Credit Hours: _____

Year: ______

Part of Term (circle one): Fall   Spring   Maymester   MayEve   Summer I   SummerEve   Summer II

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 or syllabus must accompany all Applications for Individual Enrollment.
➢ 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 and a Plan for Assessing the Student Learning Outcome)

_________________________________________   ____________________________
Chair of Department or Dean of Honors College   Date

_________________________________________   ____________________________
Office of the Registrar   Date