

Individualized Course Form

1. Student - Complete the Student Information section
2. Faculty member – Complete Course Information and **Attach** syllabus with (a) learning outcomes, (b) expectations regarding readings/paper/projects, (c) weight of assignments for determining grades, and (d) due dates of assignments.
3. Obtain signatures in the order listed.
4. Student – After approval, you will receive an email with the CRN and instructions for enrolling in the course via Wolf Web.

Student Information

Last Name: _____ First Name: _____

Student ID Number: _____ Email: _____

*Optional Student signature: _____

*Student signature not required, but without it if the student does not enroll by the web registration deadline a signed add/drop form will be required.

Is there an international component to this course? Yes No

If yes, student **MUST** obtain necessary forms from Study Abroad and International Exchange Office, Maaske Hall, 503-838-8338, e-mail: global@wou.edu

Course Information

Subject: _____ Course #: _____ Course Title: _____

of Credits: _____ | On-Campus | Online | Off-Campus (online tuition) - Location: _____

Term/Year _____ | Grading Method: A-F | P/NC | S/NC | RP/A-F | RP/P-NC

Course Type:

- Directed Study of an existing course taught by special arrangement:** Existing course name/number for a student who cannot enroll in a regularly scheduled section.
- Capstone/Senior Project/Thesis:** Senior project, supervised by a faculty member (NOT HONORS),
- Field Study/ Research:** Field study or research led by a faculty member (NOT HONORS).
- Independent Study or Specialized Individual Study:** Course, developed in consultation with a faculty member, whose content is not available in the regular schedule.
- Internship or Practicum:** Work experience with educational goals and direct supervision by the employer, developed with a faculty advisor.
- Thesis/Professional Project:** Professional paper/project guided by faculty advisor and a committee. (Graduate Only)
- Teaching Assistant:** Assistant for a specific course, with learning objectives for the teaching assistant

Approval Signatures:

Instructor Name (Print): _____ Date: _____

Instructor Signature: _____ Date: _____

Advisor Signature (COE Only): _____ Date: _____

Department Head Signature (LAS only): _____ Date: _____

Division Chair Signature: _____ Date: _____

In-Load | Out of Load (Bankable – Hours _____) | Honors | Tuition/Fees (Dean's Use Only) _____

Dean's Signature: _____ Date: _____

****Due to Registrar's Office the Friday before classes begin****

Registrar's Office Use Only:

CRN: _____ Date Entered: _____ Student Emailed Faculty Emailed