



Office of the Registrar
University of the Pacific
3601 Pacific Ave.
Stockton, CA 95211

**INDIVIDUALIZED STUDY
REQUEST**

(Independent Study/Research, Internship, Practicum
or non-Engineering Co-op Education)

ALL FIELDS ARE MANDATORY FOR YOUR REGISTRATION TO BE PROCESSED:

Registration Semester/Year: Fall _____ PH Winter _____ Spring _____ 1st Sum. _____ 2nd Sum. _____ 3rd Sum. _____
Year Year Year Year Year Year Year

Student Name: _____ University ID Number: _____

College/School: _____ Program/Major: _____

Undergraduate Graduate First Professional

I understand that this form is conditionally accepted by the University of the Pacific and that I am responsible for payment of applicable tuition and fees associated with it.

► Student Signature: _____ Date: _____

INSTRUCTIONS:

1. Arrange the course work with the faculty member, determine the appropriate course number (see General Catalog) and course title.
2. Present this completed form to the Office of the Registrar. The date this *completed* form is received in the Office of the Registrar is considered the effective date of registration.
3. For all internships, please fill in the Internship section below
4. The Associate Dean's signature is required only if this course is considered a late add or late registration.

COURSE INFORMATION:

Check one: Independent Study (191/193/291/391) Independent Research (197/297/397) Practicum (089/189)

Is this Independent Study an ELO? yes / no

Internship (087/187/287/387) Co-op Education (092/192) Other _____

School Offering Course: _____

Course Subject (e.g. ENGL): _____ Title (30 spaces max): _____

Units: _____ Name of Sponsoring Faculty (please print): _____

INTERNSHIP INFORMATION:

Start Date: _____ End Date: _____ Paid or Non-Paid: _____ Employer: _____

Site Address: _____ Street _____ City _____ State _____ Zip _____

Approved by Career & Internship Consultant: _____ Date: _____

FOR INSTRUCTOR/DESIGNEE USE ONLY – CHECK ALL THAT APPLY:

Student will be sitting in a course currently being offered. Specify course: _____

Course already exists in the General Catalog (Ind. Study courses only). Specify course: _____

This course fulfills the following program requirements. Specify (e.g. HIST 033 or Eng. Elec.): _____

I verify that the above named student will meet the appropriate requirements.

Required Signatures:

► Adviser: _____ Name (print): _____ Date: _____

► Sponsoring Faculty Member: _____ Date: _____

► Chair or Designee: _____ Date: _____

► Associate Dean or Designee: _____ Date: _____

Associate Dean signature only required after the last day to add for the term.

OFFICE OF THE REGISTRAR USE ONLY

Last revised: 3/3/2011

Course Attributes: _____

CRN: _____

Processed By/Date: _____