

INDIVIDUALIZED INSTRUCTION APPLICATION

Instruction may not begin until the student has paid and registered.

Students may apply for **Individualized Instruction** if a course they wish to take in a particular semester is unavailable. *Decisions concerning the offering of courses under the Individualized Instruction policy will be made on a case-by-case basis.* Conditions under which courses may be considered include:

1. The course is required for graduation and is not offered prior to student's graduation.
2. The course has not been scheduled because of faculty unavailability or projected low enrollment.
3. The course is a prerequisite for subsequent courses in a program and would not be available the semester requested.

To be eligible for Individualized Instruction, a student must have a minimum Q.P.A. of 2.0. The application form below shall be completed by the student and must be received by the Vice President for Academic Affairs **no later than the "last date to add a course date"** as indicated on the University calendar.

APPLICATION FORM FOR INDIVIDUALIZED INSTRUCTION

Student's Name (print) _____ Student ID Number _____

Address: Local _____

Home _____

Student's QPA (*must be 2.0 or above*) _____ Class _____

Semester in which I.I. will be done: Fall 20____ / Spring 20____ / Summer Extended 20____ (All IIs are registered summer ext.)

Course Number _____ Course Title _____

Student's Major _____

Student's Minor, if declared _____ (ONLY IF COURSE IS FOR THE MINOR)

Proposed Credit _____ s.h.

Sponsoring Dept _____

Student's Signature _____ Date _____

APPROVALS

This application shall be completed by the student and must include all required signatures in order as listed.

	DATE	Approved?
Student's Advisor (<i>printed</i>)	_____	
Student's Advisor (<i>signature</i>)	_____	Yes ____ No ____
Faculty Sponsor (<i>printed</i>)	_____	
Faculty Sponsor (<i>signature</i>)	_____	Yes ____ No ____
Department Chairperson	_____	Yes ____ No ____
Minor Coordinator, if applicable (Required only if course is for minor)	_____	Yes ____ No ____
Dean of the College	_____	Yes ____ No ____
Academic Vice President	_____	Yes ____ No ____

Number of semester hours of Individualized Instruction previously proposed by faculty sponsor for the same semester as this proposal: _____ sh

Department Chair must complete the statement on the back of this form.
This signature assumes prior approval of the Department as required in the C.B.A.

To Department Chairs:

Although this student-initiated petition may seem supportable in general academic terms, the University must determine relative levels of academic priority assigned to all such petitions for which the instruction incurs additional costs. With this in mind, please answer the following questions.

1. Is this course or a course in its subcategory required for the student's major? Yes _____ No _____
2. If "yes," must it be taken now? Yes _____ No _____

Explain:

If there are alternatives to the course requested in this petition now, please indicate the options available to the student.

Signature of Chair of Department offering course

Excerpts (from the Agreement between APSCUF and SSHE) of requirements listed under Article XXVI, Section B dealing with Individualized Instruction:

1. The course must be a regular UNIVERSITY catalog course.
2. The course is not scheduled to be taught in the particular semester. However in extraordinary circumstances, this rule may be waived by mutual consent at local Meet and Discuss.
5. Management (the Administration) will not approve nor shall a FACULTY MEMBER accept students for more than nine (9) workload hours of individualized instruction per semester/session.
6. No course shall be offered as individualized instruction to more than five (5) students in a given semester/session. In extraordinary circumstances, this rule may be waived by mutual consent at local Meet and Discuss.
