



# Application for Individualized Learning

Scheduling/Registrar Use Only

Date Built: \_\_\_\_\_

Date Registered: \_\_\_\_\_

Individualized Learning courses are designed to support student academic momentum and offered to students who need equivalent course credits in a specific term when the normal class is not offered. They always represent courses which are a part of the normal Jackson College curriculum. **(\*\*If this is not the case, please refer to the Independent Study policy and form.)** Please refer to the Individualized Learning academic policy for more information.

*Please complete the following. Attach additional pages or supporting materials as necessary.*

Student Number \_\_\_\_\_ First Name \_\_\_\_\_ MI \_\_\_\_\_ Last Name \_\_\_\_\_

Student Phone Number \_\_\_\_\_ Student Address \_\_\_\_\_

Course Code & Course Title \_\_\_\_\_ Term \_\_\_\_\_ Start date or 1st seven/ 2nd seven \_\_\_\_\_ Meeting Day/Time \_\_\_\_\_ Credit Hours \_\_\_\_\_

Supervising Faculty Name \_\_\_\_\_ Supervising Faculty Signature \_\_\_\_\_ Date \_\_\_\_\_

1. Explain why the student cannot take this course within the regular course schedule:

2. Explain why taking this Individualized Learning course *this term* is necessary for the student:

3. **Attach the course syllabus** and outline the plans for ensuring that the student and supervising faculty member will communicate on a regular basis throughout the term:

Student Signature \_\_\_\_\_ Date \_\_\_\_\_ Department Chair Signature \_\_\_\_\_ Date \_\_\_\_\_

Dean Signature \_\_\_\_\_ Date \_\_\_\_\_

Scheduler Signature \_\_\_\_\_ Date \_\_\_\_\_ Registrar \_\_\_\_\_ Date \_\_\_\_\_