



# Application for Individualized Learning

<u>Scheduling/Registrar Use Only</u>	
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
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\_\_\_\_\_  
*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