2017 UCI SUMMER SESSION

REQUEST FOR INDEPENDENT STUDY

INSTRUCTIONS:

1. Student obtains this form and fills it out with instructor.*
2. Student submits form to the Department and/or Associate Dean for approval.
3. Student must submit **this approved form**, an **enrollment form**, and **payment** to the Summer Session Office prior to deadlines. (Incomplete forms will not be accepted.)

* Must complete in ink. To ensure the integrity of the form and authorizing signatures, forms with alterations such as white-outs, cross-outs, or scanned signatures will not be accepted.

FOR OFFICE USE ONLY
LAST, F.I.:
SESSION: _____ , _____ , _____
SECTION: _____ , _____ , _____
CODE: _____ , _____ , _____
COURSE TYPE:
INSTRUCTOR ID:

STUDENT INFORMATION: TO BE COMPLETED BY STUDENT

STUDENT NAME: _____
(LAST, FIRST MIDDLE)

STUDENT EMAIL: _____

UCI OR SUMMER SESSION ID #: _____

COURSE INFORMATION: TO BE COMPLETED BY FACULTY SPONSOR AND STUDENT

All information MUST be provided accurately and in full, including units. Refer to WebSOC or course catalogue for previously approved titles/units.

DEPARTMENT & NUMBER:
(i.e. ANTHRO 199)

_____

TITLE (UP TO 19 CHARACTERS):
(AS SHOWN ON TRANSCRIPT)

SESSION & UNITS:

☐ SESSION 1: _____ UNITS ☐ SESSION 2: _____ UNITS

☐ 10-WK SESSION: _____ UNITS

FACULTY SPONSOR: _____
PRINT FULL NAME

FACULTY UCInetID: _____

INSTRUCTOR NOTES:

*** GRADE SUBMISSION IS DONE ONLINE WITH YOUR UCInetID USING WebGrades.**
*** ALL ACADEMIC CORRESPONDENCE WILL BE MADE TO YOUR UCI EMAIL ACCOUNT.**
*** THERE IS NO REMUNERATION FOR INDEPENDENT STUDY COURSES.**

APPROVAL: TO BE COMPLETED BY FACULTY AND DEPARTMENT AND/OR ASSOCIATE DEAN

FACULTY SPONSOR: _____
SIGNATURE

DEPT DEAN OR CHAIR: _____
SIGNATURE

_____
PRINT NAME & TITLE

MAKE A COPY OF THIS FORM FOR YOUR RECORDS
SUBMIT THIS FORM WITH A SEPARATE ENROLLMENT FORM

REV. 12/2016