

2018 UCI SUMMER SESSION

REQUEST FOR INDEPENDENT STUDY

INSTRUCTIONS:

1. Student obtains this form and fills it out with instructor.*
 2. Student submits original form to the Department and/or Associate Dean for approval.
 3. Student must submit **this original 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)

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SESSION & UNITS:

SESSION 1: _____ UNITS
 SESSION 2: _____ UNITS
 10-WK SESSION: _____ UNITS

FACULTY SPONSOR:

PRINT FULL NAME

FACULTY UCI.netID:

INSTRUCTOR NOTES:

- * **GRADE SUBMISSION IS DONE ONLINE WITH YOUR UCI.netID 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