

Check-list for ordering an INDIVIDUALIZED STUDY class at UC Clermont College

- Complete the Individualized Study Course Request Form
 - The most up-to-date form can be found on the [Forms & Processes web page](#).
 - Individualized Study courses are not guaranteed offerings, but are reserved for emergency situations in which the student has had no opportunity to fulfill the curriculum requirement through traditionally offered courses.
 - Please complete this form in its entirety – following the requirements and steps on the form.

- A syllabus is **REQUIRED** – please attach to the contract **PRIOR to obtaining signatures**
- Faculty Member:** Obtain student signature
- Faculty Member:** Sign and date as the faculty member
- Faculty Member:** Obtain Department Chair approval signature
- Faculty Member:** Obtain Academic Affairs Representative approval signature
- Faculty Member:** Email signed contract and syllabus to your Department Chair
- Department Chair:** Submit the completed/signed Individualized Study contract, syllabus, and class order via email to Meagan.Schalk@uc.edu for processing – see example email below.

Example email with Individualized Study contract and syllabus attached – following the normal class order process.

Attachments: Individualized Study contract and syllabus

Subject Line: Individualized Study class order - <insert course number> for <insert term/session> semester

Body: "Please add a section of <insert class number> as Individualized Study for 1 student (insert student first and last name). The day/time/classroom should be TBA. <insert instructor first and last name> should be the instructor on record."

- Faculty Member:** You will receive an email with the Individualized Study class information once processed. Please provide the class information to your student so that they can get registered.

Individualized Study Course Policies

1) Individualized Study courses are offered for students only on the basis of demonstrated need as approved by the Department Chair in consultation with the course instructor. Faculty may elect not to teach Individualized Study courses.

2) Individualized Study courses are approved on a case-by-case basis, based upon the discretion of the Department Chair in consultation with the course instructor. Individualized Study courses are not guaranteed offerings, but are reserved for emergency situations in which the student has had no opportunity to fulfill the curricular requirement through traditionally offered courses.

3) Registration for Individualized Study courses closes on the 7th calendar day of each semester.

4) Requests for Individualized Study must be made on the Individualized Study Course Request Form. The Department Chair reserves the right to remove a student from a course if the student has not completed the Individualized Study Course Request Form prior to registering for the course.

5) Faculty who agree to offer Individualized Study courses will make sure that each approved student receive:

A course schedule indicating appropriate due dates for course assignments. Course expectations, objectives, and evaluations must be equivalent to those associated with the course as it would be offered in a traditional format;

A timetable indicating dates when the student will meet with the instructor for consultations, to assess progress, turn in assignments, and complete course evaluation requirements.

Individualized Study Course Request Form

To the Advisor/Instructor: Prior to having student complete this form, please advise them of the purpose and policies associated with Individualized study courses.

To the Student: Complete the following form making sure to clearly state your need for the Individualized Study course. Note that the form must be signed and approved by the instructor and Department Chair associated with the requested course **prior** to registering.

Student Name: M#/UC ID #:

UC Email Address: Phone #:

Student's Program: Department:

Academic Term for Requested Course: Fall Spring Summer

Course (ex. PSYC2052): ***Note: course will be suppressed from OneStop**

Course Title (ex. Fieldwork Practicum):

Reason for Request:

Student Signature: **Date:**

Instructor Name: **Date:**

Instructor Signature: **Approval:**

Department Chair Name: **Date:**

Department Chair Signature: **Approval:**

Academic Affairs Representative: **Date:**

Academic Affairs Signature: **Approval:**

*** Completed request form and Class Order must be submitted to Academic Affairs (including required signatures) prior to class section being ordered.**