LEWIS CLARK STATE COLLEGE

Registrar & Records

Warrior OneStop

APPLICATION FOR INDIVIDUALIZED STUDY

I understand I am responsible for paying any and all fees when due as a result of being enrolled at Lewis-Clark State College. Failure to make the required payment when due can result in late fees, collection and legal fees if the services of a collection agency are employed, the inability to register for a future term, and/or withholding of a transcript.

LAST NAME **FIRST NAME** **MI** **STUDENT ID/ SSN** **STUDENT SIGNATURE**

MAILING ADDRESS **CITY** **ST** **ZIP** **PHONE NUMBER** **DATE**

INST METHOD *(mark with X)*		NUMBER OPTIONS					ATTACHMENTS
☐	Directed Study (DS:)	190 ☐	290 ☐	390 ☐	490 ☐	or catalog crse #	Syllabus
☐	Service Learning (SL:)	193 ☐	293 ☐	393 ☐	493 ☐	or catalog crse #	None
☐	Internship (IN:)	194 ☐	294 ☐	394 ☐	494 ☐	or catalog crse #	None
☐	Practicum (PR:)	195 ☐	295 ☐	395 ☐	495 ☐	or catalog crse #	None
☐	Research Assistantship (RA:)	199 ☐	299 ☐	399 ☐	499 ☐	or catalog crse #	Project Description

*Please ensure the number you choose exists in the current college catalog before noting it on this form.

COURSE INFORMATION

TERM _____ **YEAR** _____ **LOCATION (circle one): ONC | CDA | Online** ☐ ☐ ☐

SUBJECT _____ **COURSE #** _____ **# OF CREDITS** _____

TITLE _____

GRADE SCHEME: ◯ **GRADED** ◯ **PASS/FAIL**

Please circle the appropriate instruction method below:

SEC INST METHOD: LEC ☐ **LAB** ☐ **VRT** ☐ **WEB** ☐ **HYBF** ☐ **None** ☐

FACULTY NAME (print) _____

FACULTY SIGNATURE _____ **DATE** _____

Registrar's Office Use Only

Section # _____

Initials _____

Date _____

- Individualized Study options are not available for a course during a term in which that course is already offered.
- **If this Individualized Study course will substitute for another course, a Course Substitution Form must be attached.**

Application ____Approved ____Disapproved Reason Disapproved_____

_____ _____
Division Chairperson Date

_____ _____
Registrar Date

STUDENT ACCOUNTS OFFICE ___ fee attached ___ no fee

_____ _____
Student Accounts Staff Date

500 8th Avenue, RCH 108
208.792.2223
www.lcsc.edu/registrar
registrar@lcsc.edu