

**INDIVIDUALIZED SECTION FORM**

For Independent Study, Thesis, Internship, and Directed Reading Registration

\_\_\_\_\_  
Student's ID/G Number

\_\_\_\_\_  
Student's Name (Please Print Last, First, MI)

Course Title: \_\_\_\_\_  
Limited to 30 Characters Including Spaces

\_\_\_\_\_ for \_\_\_\_\_ Credits  
Department Course #

Year \_\_\_\_\_ Semester: \_\_\_\_\_ Fall \_\_\_\_\_ Spring \_\_\_\_\_ Summer

For Summer Only - Part of Term Requested:

\_\_\_\_\_ 1A \_\_\_\_\_ 1B \_\_\_\_\_ 1C \_\_\_\_\_ 1I  
*(Note: Default is Part of Term 1I)*

\_\_\_\_\_  
Instructor's Name (Last, First)

For Office Use Only

Section \_\_\_\_\_ CRN \_\_\_\_\_ Initials \_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_  
Department Chair

\_\_\_\_\_  
College Dean/Director (if required by School or Dept)