



Individualized Study Contract

Schnitzer School of Global Studies and Languages

Instructions: First, obtain permission from the instructor with whom you would like to complete your Individualized Study, and work with them to complete the “Course Information” and “Course Details” sections of this form. Once completed, send the form to the appropriate coordinator team (contact below). The coordinator will submit an override allowing you to register. Finally, email the coordinator once you have registered for the course, and that person will add the instructor and course title.

NOTE: If you need additional credits, please select another individualized study CRN.

Undergraduate Coordinator Contact: schnitzerschool@uoregon.edu

Graduate Coordinator Contact: schnitzergradcoord@uoregon.edu

Contact Information

Student Name		Student ID	95 _____
Instructor Name		Student email	_____@uoregon.edu

Course Information

Subject		Course Number (Undergraduates)	
CRN		Course Number (Graduates)	
Term		Year	
Grading	Graded	Pass/No Pass	Credit Hours
Course Prefix and Title	Please select a descriptive title that succinctly describes the intended content of the course. Course titles are limited to a <u>maximum of 22 characters</u> (including spaces), which must also include the course prefix listed on your course above. Course Prefixes: “Fld” = Field Studies; “Intern” = Internship; “Prac” = Practicum; “Res” = Research; “Read” = Reading; “Sp Pr” = “Special Project” <u>Example:</u> Examples of acceptable titles for a Spanish 405 reading course about medieval Iberian literature would be, “Read Medieval Iberia,” “Read Med Iberian Lit,” or “Read Iberian Lit” Course Prefix: _____ (see “course number” above for reference) Descriptive Course Title (maximum 22 characters with spaces and prefix): _____		

Schnitzer School of Global Studies & Languages

1161 E. 13th, Eugene, OR 97403-2253

541-346-9780 | schnitzerschool@uoregon.edu

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Course Details and Instructor Authorization

Please include a proposed syllabus of specific assignments, readings, projects, or other learning outcomes that the student is expected to accomplish in this course. Before signing, please also review that the information on the previous page is correct.

Requirements for Completion:

Instructor Signature: _____

Date: _____

Student Signature: _____

Date: _____

Once completed, please submit this form via email to the appropriate coordination team listed on page 1.

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