

## **Enrollment Services**

California State University, Bakersfield **Department of Enrollment Services** 

Mail Stop: 47SA, 9001 Stockdale Highway Bakersfield, California 93311 Tel. (661) 654-2147 registrar@csub.edu

## Petition for Course by Individual/Independent Study

Student Name:	e:CSUB ID:				
Degree or Credential Objective:		Class Level:			
Major:		Minor:		CSUB GPA:	
study. Based on the numeach unit of credit (Exar Important: The comple	aber of units I am pe mple: a 3 unit class etion of this form d	stated in the University Cata titioning below; I also under requires 9 hours of study of loes not automatically enro is course brings the unit load	stand that three (3) heach week). Il you in the course.	ours of study per w	reek are required for on including fee
Student Signature:_		Date:			
Course Ref # EX: 31783	Subject ECON	Course Number 2010	Section 40	Units 3	Term & Year Spring 2019
☐ I acknowledge that I annual of the annual	Please check one am overseeing this i workload assigned b have conferred with	of the options below):  ndividual/independent study by the chair.  my chair and it is agreed that			
(Print Name)		(Signature)Required		(Date)	
offer required coursework.  Department Chair:		t the agreement identified above	e has been approved an	d does not impede the	e department's ability to
(Print Name)		(Signature)Required		(Date)	
(Print Name) School Dean:		(Signature)Required		(Date)	
School Dean:		(Signature)Required  (Signature)Required		(Date)	
School Dean: (Print Name)	rvices Stamp (requ	<u> </u>		(Date)	ate)
School Dean: (Print Name)	rvices Stamp (requ	(Signature)Required		(Date)	ate)

This is the official Office of the Registrar Individual/Independent Study Form and supersedes all previous forms from any CSUB department. (04.06.2020)