Student Name: __________________________________________ CSUB ID: ____________________________

Degree or Credential Objective: ____________________________ Class Level: __________________________

Major: ____________________________ Minor: ____________________________ CSUB GPA: ________________

In accordance with University regulation, as stated in the University Catalog, I hereby petition for the following course by individual study. Based on the number of units I am petitioning below; I also understand that three (3) hours of study per week are required for each unit of credit (Example: a 3 unit class requires 9 hours of study each week).

Important: The completion of this form does not automatically enroll you in the course. Proper registration including fee payment (if applicable) is required. If this course brings the unit load above the overload threshold, please attach an overload petition form.

Student Signature: __________________________________________ Date: __________________________

Course Ref #  
EX: 31783
Subject  
ECON
Course Number  
2010
Section  
40
Units  
3
Term & Year  
Spring 2019

Description of Course and Evaluation Plan (Attach copy of course syllabus if available)

____________________________________________________________________________________________________________

Justification of Petition

____________________________________________________________________________________________________________

Faculty/Instructor. (Please check one of the options below):

☐ I acknowledge that I am overseeing this individual/independent study course as part of my service with no additional pay and it is not a part of the annual workload assigned by the chair.

☐ I acknowledge that I have conferred with my chair and it is agreed that this individual/independent study course will count toward my workload assignment.

____________________________________________________________________________________________________________

By signing below, the chair and dean indicate that the agreement identified above has been approved and does not impede the department’s ability to offer required coursework.

Department Chair:

(Please print name) ____________________________ (Please print name) ____________________________ (Date) ____________________________

School Dean:

(Please print name) ____________________________ (Please print name) ____________________________ (Date) ____________________________

Student Financial Services Stamp (required after Census Day): ____________________________ (Date) ____________________________

Processed By: __________________________________________ Date: __________________________

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