

Individualized Study Form



Individualized Study leads to the completion of a college course and the receipt of academic credit. The content of the learning experience is completed under the direction of a professor assigned to work with the student independently of the normal class schedule. While Florida SouthWestern State College recognizes the legitimate need for such learning experiences, its policy is to keep this practice at a minimum.

Individualized Study courses are permitted for the following circumstances:

- (1) A course required for graduation or planned program progression is not being offered on any campus and an appropriate substitute is unavailable
- (2) A student and faculty have designed an individualized research project or practical experience that supports achievement of program outcomes

Instructions

1. The determination of whether an individualized study is warranted would involve communication between a student, faculty, and/or program administrators. Once the need is determined, a student and faculty member would collaborate to complete this form and submit to the Academic Dean prior to the end of the drop/add deadlines for any given semester. Approval must be obtained before a student is allowed to take an individualized study course.
2. Once the form is approved, the student may register for the class. It is the professor's responsibility to prepare the syllabus for each Individualized Study course and to meet regularly with the student(s).
3. The standard college grading system applies to all Individualized Study courses. Grades earned through Individualized Study have the same status as those earned through regular class attendance.

Student Name **ID** **FSW email**

Department **Title Individual Study**

(enter department course subject)

(attach course description and learning outcomes)

Course Prefix & Number	# of Credits	Semester	Year	Applicable Fees (if any)
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Student's signature: _____

Date: _____

Individual Study and Research Information

Start date of Individual Study/Research:

Proposed/Actual Meeting Dates

Method of Student Evaluation

Faculty signature: _____

Date: _____

Support

Do Not Support

**Academic
Dean
signature:** _____

Date: _____

Approve

Do Not Approve