Please return to: Patty Capps, Orovitz Building, Room 311-B.
For info: pcapps@miami.edu

U

GRADUATE STUDENT

APPLICATION FOR ADMISSION TO ADVANCED INDIVIDUAL STUDY

Revised: 07/2015

Please check appropriate course number:

KIN - KINESIOLOGY AND SPORT SCIENCES					
UG	495	496	G	793	794

TAL - TEACHING AND LEARNING				
UG	495	G	793	794

EPS - EDUCATIONAL AND PSYCHOLOGICAL STUDIES				
UG	499	G	699	798	799

_____
Student's Name - Please Print

_____
Student's Signature

_____
UM ID #

_____
Student's Telephone Number

_____
Student's Email Address

_____
Student's Major and Degree Status

_____
No. of Credits   Semester

BRIEF DESCRIPTION OF TOPIC AREA YOU WISH TO PURSUE

The focus of my study will be:

• •

I approve the above topic and credit hours and agree to supervise the study.

_____   _____   _____
Professor's Signature   Department   Date

Please check one of the options below. This individual study:

IS being used as a substitute for a designated course in the student's program. Attached is an approved Course Substitution form.

IS NOT being used as a substitute for a designated course in the student's program.

As Chairperson of the Department of _____ **, I approve of the study as meeting the requirements of the degree program in which the student is enrolled.**

_____   _____
Chairperson's Signature   Date