



University of Richmond Individual Instruction Course Request Form

University of Richmond Summer School – Summer 2009 Session

Each section below **must** be complete for submission.

I. Student Information. Student completes this section with full name, UR ID number, current school, and method of individual instruction.

Name: _____ UR ID: _____

I am currently a student in:

- School of Arts & Sciences
- Robins School of Business
- Jepson School of Leadership Studies
- Graduate School of Arts & Sciences
- School of Continuing Studies

Mark one of the following selections for individual instruction:

- Independent Study
- Internship
- Practicum
- Summer Study Abroad Internship in _____
Program, Country

II. Individual Instruction Course Set-Up and Approval. This section is completed by UR faculty.

- The student contacts the instructor they intend to work with on individual instruction.
- The instructor decides upon the appropriate subject, course number, and credits as listed for the instructor's department in the undergraduate catalog for that department's independent study, practicum and internship offerings.
- The course title is decided upon by the student and instructor and should give an indication of the theme of the individual instruction.
- The instructor should indicate approval of this by completion of the signature space.
- The Department Chair should review and indicate approval by completion of the signature space.
- The Dean of the student's school as listed in Part I, should indicate approval by completion of the signature space. (For students in the School of Continuing Studies or Other, the Dean's approval should be obtained through the School of Continuing Studies Associate Dean's office.)

Subject: _____ Course Number: _____ Credits: _____

Course Title: _____

Instructor Name: _____

Instructor's Signature: _____

Department: _____

Department Chair's Signature: _____

School Dean's Signature: _____

School of Arts & Sciences, Robins School of Business, Jepson School of Leadership Studies, School of Continuing Studies

III. Student's Signature. _____ Date: _____

Important

This form must be completed and returned to the **University Registrar's Office**, Sarah Brunet Hall. For School of Continuing Studies students **only**, this form may be returned to the Summer School Office in the Special Programs Building. All individual instruction will be set up in the Summer term. Please see the Summer School catalog for dates.