

**INDIVIDUALIZED SECTION FORM**

For Independent Study, Thesis, Internship, and Directed Reading Registration

<p>For Office Use Only</p> <hr/> <p>(0) CRN</p>
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\_\_\_\_\_  
Student's ID/G Number

\_\_\_\_\_  
Student's Name (Please Print Last, First, MI)

\_\_\_\_\_  
Department      Course Number      For \_\_\_\_\_ Credits      Term/Year \_\_\_\_\_

Course Title: \_\_\_\_\_  
Limited to 30 Characters Including Spaces

\_\_\_\_\_  
Instructor's Name (Last, First)

<p>For Office Use Only</p> <p>Section _____ CRN _____ Initials _____ Date _____</p>
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<p>_____ Department Chair</p> <p>_____ College Dean/Director</p>
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