**APPLICATION FOR**
**INDIVIDUAL ENROLLMENT**

**Individual Enrollment Policies**

- Lecture courses cannot be scheduled as individual enrollment courses.
- Deadlines for **Individual Enrollment Forms** are noted on the Academic Calendar. This is the **only** individual enrollment form that will be accepted by the Office of the Registrar.
- This form **may not** be submitted by the student or faxed to the Office of the Registrar.

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### Checklist for Student

- Check with academic department for specific rules regarding Individual Enrollment (e.g. eligibility, repeatability).
- Identify a faculty supervisor and meet to set expectations and learning goals, preferably one semester in advance.

**Faculty Supervisor Name:**

**Project Title:**

**Student’s Name:** ___________________________  **Student’s ID Number:** ___________________________

**Course ID Number:** CHEM 399 (01)  **Credit Hours:** ________  **Year:** __________

**Term (circle one):** Fall  or  Spring

**Student Signature:** ___________________________  **Date:** __________

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### Checklist for Faculty Supervisor

- In consultation with student, establish learning goals and outcomes for the course and produce a detailed description and/or syllabus. Include the course schedule, a detailed description of course assignments and due dates, the grading policy, and the basis for determining a final course grade. (Additional syllabus guidelines may be found in Policy 7.6.10)
- Provide the student with a copy of the course description/syllabus, attach a copy to this form, and sign below.
- Submit to the Department Chair for review and signature. Department Chair must submit form to the Office of the Registrar by the published deadline.

**Faculty Supervisor Signature:** ___________________________  **Date:** __________

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### Checklist for Academic Department

I approve this individual enrollment and confirm that the following items are on file within my department.

- Course description and/or syllabus with grading rubric/policy.
- Course schedule including detailed description of course assignments and due dates
- Learning outcomes and goals for the course

**Chair or Dean Signature:** ___________________________  **Date:** __________

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**Updated 6-30-18**

**RO Use Only:** **Initial** __________  **CRN** __________  **Date** __________
APPLICATION FOR INDIVIDUAL ENROLLMENT

☐ TUTORIAL  ☐ INDEPENDENT STUDY  ☐ RESEARCH SEMINAR
☐ FIELD INTERNSHIP  ☐ SENIOR PAPER  ☐ BACHELOR'S ESSAY

Project Title: INTERNSHIP IN HISTORIC PRESERVATION

Project Description:


Learning Outcome: The student will acquire practical work experience in their field of study.

Name of organization:

Organization address: STREET OR P.O. BOX:

CITY: ___________________________ ZIP: ___________________________

Organization supervisor’s name: __________________ Telephone: __________________

Fax: __________________ E-mail: __________________

Signatures:

Student ___________________________ Date __________________

Employer ___________________________ Date __________________

C of C Internship Coordinator __________________ Date __________________

HPCP Program Director __________________ Date __________________