

**SLIPPERY ROCK UNIVERSITY
GRADUATE INDIVIDUALIZED INSTRUCTION AUTHORIZATION**

IMPORTANT: A faculty member is limited to a maximum of 9 credits of Individualized Instruction each semester. In addition, no more than 5 students may enroll in any course offered on an Individualized Instruction in any given term.

Department _____

Faculty Member _____ Faculty Banner ID A0

Faculty Signature _____ Date _____

Course Title _____

Subject/Course#/Section# _____ *Credit(s) _____ Online or Face-to-Face _____

Term of Instruction: Fall _____ Winter _____ Spring _____ Summer _____ / _____
(Year) (Year) (Year) (Session) (Year)

For accounting purposes, place an asterisk (*) by the name(s) of students who are covered by tuition waivers.

Student(s) Name

Student(s) Banner ID

1. _____ A0

2. _____ A0

3. _____ A0

****If this a 3 credit course, no more than 3 students may enroll in any one section.**

4. _____ A0

5. _____ A0

Justification:

DATE APPROVED

DATE DISAPPROVED

Student's Adviser

Department Chairperson

Graduate Coordinator

Signature of Dean whose budget is being charged