SLIPPERY ROCK UNIVERSITY GRADUATE INDIVIDUALIZED INSTRUCTION AUTHORIZATION

<u>IMPORTANT</u> : A faculty member is limited to semester. In addition, no more than 5 students Instruction in any given term.			
Department			
Faculty Member	Faculty Banner ID		
Faculty Signature	Date		
Course Title			
Subject/Course#/Section#	*Credit(s)	Online or Face-to	-Face
Term of Instruction: Fall Winter	Spring	(Year) Summer	/ (Session) (Year)
For accounting purposes, place an asterisk (*) by	the name(s) of stuc	lents who are covered	l by tuition waivers.
<u>Student(s) Name</u>	ident(s) Name <u>Student(s) Banner ID</u>		
1			
2			
3	<u> </u>		
		coll in any one sectio	n.
4			
5			
Signature of Student's Adviser			Date
Signature of Department Chairperson			Date
Signature of Graduate Coordinator			Date
Signature of Dean whose budget is being charged			Date