

**SLIPPERY ROCK UNIVERSITY
UNDERGRADUATE 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 ID No. 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 Rock ID No

1. _____

2. _____

3. _____

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

4. _____

5. _____

Justification:

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DATE APPROVED

DATE DISAPPROVED

Department Chairperson

Signature of Dean whose budget is being charged