

Office of the Registrar
INDIVIDUALIZED SECTION REGISTRATION

INDIVIDUALIZED SECTION APPLICATION PROCEDURES

- All students (excluding the students in College of Performing Arts) who do not complete their work within one term must register for continuation of Individualized Section for zero credits for each subsequent semester excluding summer.
- *Students in the Chicago College of Performing Arts (CCPA) must register for **one** semester hour when continuing the course.
- **DO NOT USE** this form to register for continuation of Individualized Section; only a regular Course Selection Worksheet signed by the student is required. The continued courses contain "Y" letter next to their number.

STUDENT ID #: _____ **NAME:** _____

LEVEL: _____ Undergraduate _____ Graduate _____ Doctoral

SEMESTER: _____ Fall _____ Winter (*College of Pharmacy only*) _____ Spring _____ Summer, Year: _____

_____ **INTERNSHIP** _____ **PRACTICUM** _____ **DISSERTATION** _____ **THESIS** _____ **M.S. PROJECT**

COURSE TITLE: _____

Course Title (no longer than 32 characters long)

STUDENTS, consult with faculty to complete the following:

- Complete the items below with your instructor, sign, obtain necessary signatures, and submit this form to the Registrar's Office.
- Use standard course area abbreviations (same as those used in the catalog/schedule).

SUBJECT AREA

COURSE NO.

GRADE MODE

(N-Normal letter grade or P-Pass/Fail)

SECTION

(Registrar only)

CRN

(Registrar only)

Campus: _____ **Credit Hours:**

INSTRUCTORS, use the following course numbers:

- | | |
|---|--|
| • 485 Thesis/ Project Research (All MA students excluding CCPA) | • ELOC 690 Dissertation (ELOC students) |
| • 490 Thesis (All for MA students excluding CCPA) | • PSYC 699 Practicum for MA Industrial/Organizational Psychology Students |
| • 490* Thesis/Project (students in Chicago College of Performing Arts) | • 798, 790 Doctoral Students |
| • 499 MS Project | • Catalog No. Internship |
| • PSYC 690 Thesis for MA Industrial/Organization Psychology Students | |

Registration Agreement: I have read and will abide by all Roosevelt University polices and regulations, including the withdrawal and refund policies. I am responsible for all charges incurred by this registration. I also acknowledge that my registration will be cancelled if I am suspended and I may not attend class(es) unless officially registered. I understand that if I default in making full payments to my account that my account may be placed for collection. Upon placement, I will be responsible for all collections cost assessed, which can add up to 40% of my outstanding bill

Instructor's name (Please print) **Instructor's ID#** **Instructor's signature** **Date**

Student's signature **Date** **Dept. Chair/ Prog. Dir. signature** **Date**

Dean's name (Please print) **Dean's signature** **Date**
(Not Required for College of Arts & Sciences and College of Education)