

INDIVIDUALIZED SECTION FORM
For Independent Study, Thesis, Internship, and Directed Reading Registration

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|---------------------|
| For Office Use Only |
| _____ |
| (0) CRN |

Student's LD/G Number

Student's Name (Please Print Last, First, MI)

Department Course Number For _____ Credits Term/Year _____

Course Title: _____
Limited to 30 Characters Including Spaces

Instructor's Name (Last, First)

| |
|---|
| For Office Use Only |
| Section _____ CRN _____ Initials _____ Date _____ |

| |
|--------------------------------|
| _____ Department Chair |
| _____ College Dean/Director |

Registrar Fax 703-993-4668
1. White-Registrar's Office 2. Yellow-Student's Copy