



Office of the Registrar
 University of the Pacific
 3601 Pacific Ave.
 Stockton, CA 95211

**INDIVIDUALIZED STUDY
 REQUEST**

(Independent Study/Research, Internship, Practicum
 or non-Engineering Co-op Education)

ALL FIELDS ARE MANDATORY FOR YOUR REGISTRATION TO BE PROCESSED:

Registration Semester/Year: Fall _____ PH Winter _____ Spring _____ PH Spring _____ 1st Sum. _____ 2nd Sum. _____
Year Year Year Year Year Year Year

Student Name: _____ Student ID: _____

College/School: _____ Program/Major: _____

Undergraduate Graduate First Professional

I understand that this form is conditionally accepted by the University of the Pacific and that I am responsible for payment of applicable tuition and fees associated with it.

► **Student Signature:** _____ **Date:** _____

INSTRUCTIONS:

1. Arrange the course work with the faculty member, determine the appropriate course number (see General Catalog) and course title.
2. Obtain the signature of the faculty member and chairperson or designee of the department and school in which the study will be done.
3. Present this completed form to the Office of the Registrar. The date this *completed* form is received in the Office of the Registrar is considered the effective date of registration.

COURSE INFORMATION:

Check one: Independent Study (191/291) Independent Research (197/297/397) Practicum (89/189)
 Internship (87/187/287) Co-op Education (92/192) Other _____

School Offering Course: _____

Course Subject (e.g. ENGL): _____ Title: _____
Note: May not exceed 30 spaces in length

Units: _____ Name of Sponsoring Faculty (please print): _____

FOR INSTRUCTOR/DESIGNEE USE ONLY – CHECK ALL THAT APPLY:

Student will be sitting in a course currently being offered. Specify course: _____
 Course already exists in the General Catalog (Ind. Study courses only). Specify course: _____
 This course fulfills the following program requirements. Specify (e.g. HIST 033 or Eng. Elec.): _____

I verify that the above named student will meet the appropriate requirements.

Required Signatures:

► Adviser: _____ Name (print): _____ Date: _____
 ► Sponsoring Faculty Member: _____ Date: _____
 ► Chair or Designee: _____ Date: _____

For ELO Internships you are required to complete the ELO Internship Learning Agreement on the second page of this document.

OFFICE OF THE REGISTRAR USE ONLY

Course Attributes: _____ CRN: _____
 Processed By/Date: _____

ELO Internship Learning Agreement (Required)

For more information regarding ELO Internships go to <http://web.pacific.edu/x4908.xml>

Student: _____ ID#: _____

Semester: FA ___ SP ___ SUM ___ 200 ___ Units: ___ Start date: _____ End date: _____

Course Number: _____ Course Title: _____ Paid ___ Non-Paid _____

Employer: _____

Site Address: _____
Street City State Zip

Faculty Advisor: I am aware that my student advisee is seeking to obtain an internship.

Name (printed): _____ Department: _____

Email: _____ Telephone: _____

Signature: _____ Date: _____

Faculty Supervisor: I have discussed the internship with this student and have collaborated with the student to develop learning objectives for this experience. In addition, I have assigned and will evaluate academic work relevant to this internship. I also agree to be available to regularly meet with the student to discuss the internship experience, to assess learning outcomes, and to conduct an on-site visit, where appropriate.

Name (printed): _____ Department: _____

Email: _____ Telephone : _____

Signature: _____ Date: _____

Department Chair

Name (printed): _____ Department: _____

Email: _____ Telephone : _____

Signature: _____ Date: _____

Site Supervisor: I have discussed this internship with the student and have collaborated with the student to identify and plan on-site work/projects that meet the student's learning objectives, as well as the needs of my organization. I agree to provide the intern with an orientation to organizational policies, procedures, and functions, to meet with the intern on a regular basis, to assess and share my evaluation of the student's work with the faculty supervisor, and to be available to the intern for consultation and advise during the course of the internship. I also agree to participate in a site visit with the student's faculty supervisor or other university internship-related representative, if appropriate.

Name (printed): _____ Title: _____

Email: _____ Telephone: _____

Signature: _____ Date: _____

Student: I agree to fulfill the learning and work commitments that I have made in relation to this internship. I agree to complete all internship requirements and assignments promptly and to the best of my ability. I also agree to familiarize myself with and to adhere to the organizational procedures, functions, and standards of ethical conduct relevant to my internship role and setting.

Name (printed): _____

Signature: _____ Date: _____

Telephone: _____ E-mail: _____

Career Resource Center: (All above signatures must be secured prior to turning in Learning Agreement)

Approved by Career & Internship Consultant: Name (printed): _____

Signature: _____ Date: _____