

# Individualized Study Request

Individualized studies are courses designed uniquely by the student and professor for an individual learning experience. If your intent is to register for a Western Seminary course found in the catalog, please complete the Independent Study Request. All requests must be submitted no later than two weeks prior to the beginning of the semester. Requests submitted after that date may be denied or postponed until the following semester.

Full Name \_\_\_\_\_ Student ID \_\_\_\_\_  
First Middle Last

Course ID \_\_\_\_\_ Course Title \_\_\_\_\_

Credit Hours \_\_\_\_\_ Start Date \_\_\_\_\_ End Date \_\_\_\_\_  
Please note that the course start and end dates must occur within the official start and end dates of the semester.

Please staple a copy of the syllabus to this form, with the form on top. Then obtain the signatures indicated below. If you are unable to obtain one or more signatures due to schedule conflicts or distant proximity to campus, a copy of an email indicating approval from the faculty member may be stapled behind the syllabus, and "See Attached" may be written on the signature line.

Instructor Signature: verifies approval of syllabus \_\_\_\_\_ Date \_\_\_\_\_

Advisor Signature: verifies support of this request \_\_\_\_\_ Date \_\_\_\_\_

Northern California Only: Academic Coordinator Signature \_\_\_\_\_ Date \_\_\_\_\_

Student Signature: authorizes registration \_\_\_\_\_ Date \_\_\_\_\_

**PORTLAND CAMPUS**

Attn: Kristin Gibb  
5511 SE Hawthorne Blvd  
Portland, OR 97215-3367  
(877) 517-1800 or (503) 517-1800  
(503) 517-1801 fax

**SAN JOSE CAMPUS**

Attn: Carrie Priest  
469 El Camino Real, #205  
Santa Clara, CA 95050  
(877) 900-6889 or (408) 356-6889  
(408) 358-2907 fax

**SACRAMENTO CAMPUS**

Attn: Janet Gluck  
2924 Becerra Way  
Sacramento, CA 95821  
(800) 250-7030 or (916) 488-3720  
(916) 488-3735 fax

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**OFFICE USE ONLY**

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The Academic Affairs office has received a copy of this request.

Student Services Staff \_\_\_\_\_ Date \_\_\_\_\_

The Registrar has granted approval of this request.

Registrar \_\_\_\_\_ Date \_\_\_\_\_

The registration has been processed.

Student Services Staff \_\_\_\_\_ Date \_\_\_\_\_