

POS/SGS 499 Individualized Instruction

(Semester and Year) example Spring 2022

***Please complete entire form and obtain signature before registration. Once completed, please email to Sarah Ericson at sarah.ericson@asu.edu.**

Name: _____ ASU Student ID#: _____

Email: _____ Phone: _____

ASU GPA: _____ Major(s): _____

Chose one: POS _____ SGS _____

Number of credits to be received upon successful completion: _____

Note: To register for POS or SGS credit, your Independent Study Director must be an SPGS faculty member. If your Director is in another department or school, you should seek thesis credit at that school.

Please provide a brief description of your proposed topic:

Student Signature: _____ Date: _____

SPGS Faculty's Name (printed): _____ Date: _____

SPGS Faculty's Signature: _____ Date: _____