

Individualized Course Plan University of Oregon

Course number and Title

To register for this course, the student and instructor-of-record must complete and sign this form and submit it to the academic program coordinator.

1. Provide the following information - PLEASE PRINT

STUDENT NAME _____ ID# _____
 LAST FIRST

EMAIL ADDRESS _____

TERM _____ YEAR _____ CRN _____ PHONE NUMBER _____

SUBJ _____ CRSE# _____ CREDITS _____

TITLE _____

(Please write the course title as you would like it to appear on your transcript. **The title must stay within the 17-character limit.**)

INSTRUCTOR NAME _____
 LAST FIRST

2. Instructor and student signatures needed required to register

INSTRUCTOR SIGNATURE _____ DATE _____

INSTRUCTOR UO ID# _____(required)

STUDENT SIGNATURE _____ DATE _____

STUDENT UO ID# _____(required)

3. Requirements for completion of course (to be completed by instructor)

Per the UO Curriculum Committee: One graduate credit hour denotes 40 hours of work per term. In the table below, please indicate with sufficient detail how the requested credit hours will be used. Example Activity: Complete literature review of Health Outcomes research. Example weekly activities: Research and annotate 20 articles relevant to lecture document (2 sources/week); Complete writing of final literature review (approx. 15 pages); give 30-minute research presentation on findings using PowerPoint to instructor week 10.

Credits: _____ Course #: _____ Course Title: _____

Educational Format or Activity	Hours/Week	Hours/Term (week x 10)
Requested Credits:		