UNIVERSITY OF OREGON
DEPARTMENT OF ENGLISH
PERMISSION TO REGISTER FOR INDIVIDUALIZED STUDY

To be submitted prior to registration

SECTION 1

TERM: Fall Winter Spring Summer **YEAR**: _____
Circle One

STUDENT NAME: _____ _____ **UO ID**: _____
Please Print *Last Name* *First Name*

DEPT: ENG **Course #:** 404 **CRN:** _____ **CREDITS: ***_____ **GRD OPT:** GRD P/NP
Credit will default to 1 credit. Please log onto DuckWeb and access **Change Variable Credit/Grading Option. *Circle One*

TITLE: Disability Studies Internship

INSTRUCTOR: _____

To be completed by English staff
Processed by: _____ **Date:** _____

SECTION 2

(Not required for ENG 403) Consult Department Requirements for 405 credit.

SPECIFIC DESCRIPTION OF INDIVIDUAL STUDY PROJECT:

DESCRIPTION OF REQUIRED GRADED WORK:

SECTION 3

STUDENT SIGNATURE: _____ DATE: _____

INSTRUCTOR SIGNATURE: _____ DATE: _____

*The student must register for the course through **Duckweb** after submitting the signed copy to the English Department office*