

DEPARTMENT OF HUMAN PHYSIOLOGY



REQUEST FOR INDIVIDUALIZED STUDY

Fill out the form and send to supervisor for signature. Return this completed Form to hphy@uoregon.edu

Student information:

NAME: _____

UO ID: _____

EMAIL: _____

DATE: _____

TERM: Fall ___ Winter ___ Spring ___ Summer ___

CRN (from class schedule)

___ HPHY 401 Research _____

___ HPHY 403 Thesis _____

___ HPHY 404 Internship _____

___ HPHY 405 Reading _____

___ HPHY 406 Spec. Problems _____

You must register on Duckweb using this CRN after being approved!

3 hours per week (30 hours per 10 week term) = 1 credit hour

To register for more than 1 credit go to "Change Variable Credits" link after registration

Keep a time log and journal of activities and work completed!

Supervisor/P.I. information:

NAME: _____

UO ID: _____

SITE/FACILITY: _____

ADDRESS: _____

STUDENT DUTIES:

SIGNATURE: _____

DATE: _____