

department
of human physiology



Request for Individualized Study

Instructions to Student: Fill out and send via email to your supervisor(s) for signature(s). Send the completed form to: hphy@uoregon.edu

Name: _____ Email _____

Date: _____ UO ID: _____

Term of participation: 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 for this course after being approved!

Credits: 3 hours per week = 1 credit hour

Need more than one credit? Go to "change variable credits" link after registration, to change.

Site: _____ Address: _____

Duties: _____

Supervisor/Primary Investigator (please print): _____

Supervisor/Primary Investigator signature: _____

Supervisor/Primary Investigator UO ID # (if not HPHY): _____

HPHY faculty signature (Required if Supervisor is not HPHY faculty): _____

Date _____