



Office of the University Registrar  
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**INDIVIDUALIZED SECTION**

For Independent Study, Thesis, Internship, and Directed Reading Registration

Student's ID/G Number \_\_\_\_\_

Student's Name (Please Print Last, First, MI) \_\_\_\_\_

Course Title: \_\_\_\_\_  
 Limited to 30 Characters Including Spaces

\_\_\_\_\_ for \_\_\_\_\_ Credits  
 Subject Course #

Year \_\_\_\_\_ Semester:  Fall  Spring  Summer

For Summer Only - Part of Term Requested:  
 1A  1B  1C  1

Campus \_\_\_\_\_ (Note: Default is Fairfax)

(Note: For Summer Default is Part of Term 1)

Instructor's Name (Last, First) \_\_\_\_\_

Email \_\_\_\_\_

For Office Use Only
Section _____ CRN _____ Initials _____ Date _____

_____
Department Chair
_____
College Dean/Director (if required by School or Dept)