

POS/SGS 499 Individualized Instruction

	(Semester :	(Semester and Year) example Spring 2022		
*Please complete entire form and obtain signature before submission. Once completed, please email to Lisa Lamb at Ilamb5@asu.edu.				
Name:		ASU Student ID#:		
Email:		Phone:		
ASU GPA:	Major(s):			
Choose one: POS	SGS			
Number of credits t	to be received upon suc	cessful completion:		

Note: To register for POS or SGS credit, **your Independent Study Director/Faculty Member must be a SPGS Faculty Member.** If your director/faculty member teaches in another department or school, you should seek credit from that school or department.

Please provide a brief description of your topic, project, or research below:

Student Signature:	Date	
SPGS Faculty's Name (printed):	Date	
SPGS Faculty's Signature:	Date	