UNIVERSITY OF OREGON
Folklore and Public Culture Program
PERMISSION TO REGISTER FOR INDIVIDUALIZED STUDY

Form must be submitted prior to registration.

TERM: Fall ☐ Winter ☐ Spring ☐ Summer ☐ **YEAR:** _____

STUDENT NAME: _____ _____
LAST NAME *FIRST NAME*

UO ID: _____ **GRADING OPTION:** GRADED ____ P/NP ____

CREDITS: _____ [Variable credit – Course will default to lowest credit offered. Change variable credits in DuckWeb (from "Student Menu," go to "Registration Menu" -> "Change Variable Credit/Grading Option"). A link to this option also appears at the bottom of many of the DuckWeb registration screens.]

COURSE #

☐	**FLR 401 Research, 1-6 cr**	Title: **Required** Grading Option: **Optional for all students**
☐	**FLR 403 Thesis, 1-6 cr**	Grading Option: **Pass/No Pass Only for all students**
☐	**FLR 404 Internship, 1-6 cr**	Title: **Required** Grading Option: **Optional for all students**
☐	**FLR 405 Reading, 1-6 cr**	Title: **Required** Grading Option: **Optional for all students**
☐	**FLR 406 Field Studies, 1-6 cr**	Title: **Required** Grading Option: **Optional for all students**
☐	**FLR 409 Practicum, 1-6 cr**	Title: **Required** Grading Option: **Optional for all students**
☐	**FLR 503 Thesis, 1-9 cr**	Grading Option: **Pass/No Pass Only for all students**
☐	**FLR 601 Research, 1-6 cr**	Title: **Required** Grading Option: **Pass/No Pass Only for all students**
☐	**FLR 604 Internship, 1-6 cr**	Title: **Required** Grading Option: **Optional for all students**
☐	**FLR 605 Reading, 1-6 cr**	Title: **Required** Grading Option: **Graded only for all students**
☐	**FLR 609 Terminal Proj., 1-9 cr**	Grading Option: **Pass/No Pass Only for all students**

CRN _____ ***TITLE:** _____
http://classes.uoregon.edu ***Required on certain course numbers**

INSTRUCTOR: _____
Print instructor name

PLEASE NOTE: Student must submit completed form to the Folklore and Public Culture Program office (118 PLC) for pre-authorization **THEN** register for this course through *DuckWeb*.

STUDENT SIGNATURE: _____ **DATE:** _____

INSTRUCTOR SIGNATURE: _____ **DATE:** _____