

# Individualized Study Registration Form

**Directions**

Students planning to enroll in Individualized Study must complete this form in order to obtain approval and register. Registration is completed administratively for the student. Holds that prevent registration must be resolved before the form will be processed. Plan sufficient time to submit the form and obtain all necessary approvals. Forms must be received by the Registrar Services office no later than the 10<sup>th</sup> day of classes (excluding weekends/holidays).

<b>Please indicate the type of individualized study for which you are registering:</b>									
<input type="checkbox"/> Independent Study	Student examination of a carefully designated area of interest that is not covered by a regular, structured course. Student must be a declared major/minor in the area of study.								
<input type="checkbox"/> Tutored Study	A regular course taken by the student under the direction of an instructor outside a formal classroom setting.								
<input type="checkbox"/> Honors Thesis/Creative Project	Student in Honors Program registering for thesis/creative project course (ZHON-395).								
<b>Date</b>	<b>NEIU ID #</b>	<b>0</b>	<b>0</b>	<b>0</b>					
<b>Last Name</b>				<b>First Name</b>					
<b>Term Requested</b>									
<input type="checkbox"/> Full Fall 20 ____			<input type="checkbox"/> Full Spring 20 ____			<input type="checkbox"/> Full Summer 20 ____			
<input type="checkbox"/> First Half Fall 20 ____			<input type="checkbox"/> First Half Spring 20 ____			<input type="checkbox"/> First Half Summer 20 ____			
<input type="checkbox"/> Second Half Fall 20 ____			<input type="checkbox"/> Second Half Spring 20 ____			<input type="checkbox"/> Second Half Summer 20 ____			
<input type="checkbox"/> Winter 20 ____									
<b>CRN</b> <i>(office use only)</i>		<b>Subject</b>		<b>Course #</b>		<b>Section #</b> <i>(office use only)</i>		<b>Credit Hours</b>	
<b>Instructor ID #</b>				<b>Instructor Last Name</b>					
<b>0</b>	<b>0</b>	<b>0</b>							
				<b>Instructor First Name</b>					

**Student Responsibility for Payment of Educational Services at Northeastern**

I understand that I am registering for educational courses at Northeastern Illinois University ("NEIU" or "University"). I hereby acknowledge and agree that I am fully responsible for the cost and expense of all tuition, fees, and other related educational expenses associated with my receipt of educational services at NEIU. I understand that if I do not pay in full the total amount due and at the time of registration, I hereby agree to the terms and conditions of this Financial Agreement for Educational Services at NEIU (full Financial Agreement is on the second page of this form). By signing below, I agree and accept each term of the Financial Agreement and understand the legal implications as stated herein above. Contact the Student Payment Services Office at [studentpaymentservices@neiu.edu](mailto:studentpaymentservices@neiu.edu) or (773) 442-5170 if you have any financial questions prior to the acceptance and execution of this agreement.

**Student Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Instructor Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Dept Chair Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Dean Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**NDP Signature (if needed):** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Honors Signature (if needed):** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Provost's Office Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

<b>For Registrar Services Use Only</b>		
Reg Code	Date	Staff Initials

Last Name	First Name
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<b>Description of student learning outcomes sought through this Individualized Study. (Add more if needed.)</b>
1.
2.
3.
4.
5.

Description of materials to be submitted for assessment. (Add more if needed.)	Due Dates
1.	
2.	
3.	
4.	
5.	

Attach a timeline for course/project completion which includes the schedule of student/faculty contact (e.g., weekly activities and meetings). Note: Review the [Credit Hour policy in the Academic Catalog](#) to ensure that the course adheres to the Credit Hour policy regarding student-faculty contact hours.

<b>Rationale for Individualized Study:</b>
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I understand that I am registering for educational courses at Northeastern Illinois University (“NEIU or University”). I hereby acknowledge and agree that I am fully responsible for the cost and expense of all tuition, fees, and other related educational expenses associated with my receipt of educational services at NEIU. I understand that if I do not pay in full the total amount due and owing for the educational services, tuition, fees and expenses on or before the first payment due date for the academic semester, I hereby agree to the terms and conditions of this Financial Agreement for Educational Services at NEIU.

### Financial Agreement Terms and Conditions

I acknowledge that by signing the Individualized Study Registration form I hereby voluntarily, knowingly and with full consent agree to the following terms and conditions established by Northeastern Illinois University (NEIU) for the receipt of educational services.

1. I hereby accept and agree that the University shall allow me to defer payments equal to the costs of tuition, mandatory fees, course fees, as set by the Board of Trustees of Northeastern Illinois University on behalf of NEIU for the academic semester.
2. I hereby agree that this deferred payment arrangement shall apply solely and strictly to the costs for tuition, mandatory fees, and course fees, in the manner and method as set by the office of Bursar Services at NEIU.
3. I understand that if I incur any additional charges that are outside of this deferred payment arrangement, such as costs associated with parking fees, bank returned checks or other miscellaneous costs, and such charges are placed on my NEIU Student Account, I hereby agree that I am solely and fully responsible for the payment of these charges to NEIU.
4. I understand that in the event I withdraw from NEIU I shall do so according to the guidelines established by NEIU, which are available in each semester’s Schedule of Classes. If I withdraw after the established deadlines, I hereby agree to pay NEIU for any and all tuition and mandatory fees associated with these classes.
5. I understand that I am responsible for maintaining my current address and phone number via [NEIUport](#).
6. I agree that this Agreement creates certain financial responsibilities. I understand that such financial assistance is not dischargeable in accordance with the United States Bankruptcy Code in any bankruptcy proceeding before the United States Bankruptcy Court.
7. I understand that the NEIU Student Payment Services office shall create a payment schedule under which I shall make deferred payments toward the balance of my NEIU Student Account in order to repay the University for the amount of tuition, mandatory fees, and course fees in the academic semester. Due dates shall be set in accordance with the NEIU Student Payment Services office payment schedule.
8. I hereby agree that if I fail to make the payment amount(s) in accordance with the payment schedule and/or pay the University the full amount of monies owed, the following conditions will apply:
  - A. The University shall assess a \$50 late fee; and
  - B. The University shall place a temporary hold on my access to register for future courses until the balance of my NEIU student account is paid in full; and
  - C. The University shall place a temporary hold on the release of my academic records until the balance of my NEIU student account is paid in full; and
  - D. The University may submit a claim for the outstanding balance to the State of Illinois under Section 10.05 of the State Comptroller Act. The State Comptroller’s Office may take action to collect this debt in accordance with state law; and
  - E. The University may refer my outstanding debt to an external collection agency for collection pursuant to state and federal law, which may result in collection costs of up to 40% being added to any outstanding balance or debt. In the event of a referral of my debt to an external collection agency, I hereby agree to be responsible for any and all collection costs of up to 40% incurred by the University, including any service charges and/or interest; and
  - F. This Agreement shall be construed in accordance with Illinois law and any lawsuit to collect unpaid fees may be brought in the appropriate court sitting in Cook County, Illinois regardless of my domicile at the time of bringing such suit. In the event of litigation, I agree to pay all costs associated with such, including but not limited to, attorney and legal fees; and
  - G. The University and/or the external collection agency may report my delinquent debt to a national credit bureau which may negatively impact my credit history and score. By selecting the “I Accept” button herein below, I am agreeing to all terms and conditions as set forth herein above and agree to the incorporation of any other related documents. I enter into this Financial Agreement with full knowledge of its legal implications and without coercion and/or promises made to me by the University. I also agree and acknowledge that prior to agreeing to this Financial Agreement, I had the right and option to discuss the terms and conditions herein with a private attorney at my sole cost and expense.

I hereby ACCEPT AND AGREE to the above terms and conditions of the Financial Agreement in the manner described herein above. By signing the Individualized Study Registration form, I agree and accept each term herein and understand the legal implications and obligations as stated herein above. (Upon acceptance, we recommend that you go to the Student Payment Services web page, and print a copy of this agreement for your records.)

Please feel free to contact the Student Payment Services Office at [studentpaymentservices@neiu.edu](mailto:studentpaymentservices@neiu.edu) or (773) 442-5170 if you have any questions prior to the acceptance and execution of this agreement.