UNIVERSITY COLLEGE
THE UNIVERSITY OF TOLEDO

DEPARTMENT of INTERDISCIPLINARY AND SPECIAL PROGRAMS

INDIVIDUALIZED PROGRAM OF STUDY FORM

Student Signature _____ **Date** _____

Office Use Only	Upper Division	Credit Hour	Department Name & Course Number	Course Title	Gen Educ. Core	Term Taken
Total						

College Totals: **A&S** _____ **BUS** _____ **HHS** _____

EDU _____ **ENG** _____ **PHM** _____

UC _____

Sept. 2007