APPLICATION FOR SPECIAL TOPICS COURSE

PRINT lines 1-4, obtain the appropriate signatures, and return this form to the Registrar’s Office.

1. Student’s Name_________________________________________Class Year ________
   Last                               First                               M.I.

2. Instructor’s Name _______________________________________
   ________________________________________________________

3. Full Course_______ Half Course _________
   Fall _______ or Spring ________

4. Course Title (will appear on your official transcript):
   ____________________________________________________________________________________

   Course name cannot contain more than 24 Characters including spaces.

5. Instructor’s Signature ___________________________________________Date __________________

6. Department Chair’s Signature _________________________________Date____________________

7. Advisor’s Signature _________________________________________Date____________________

8. Advisor’s Signature _________________________________________Date____________________

Departments may offer a course known as SPECIAL TOPICS in which a student or a group of students study or read widely in a field of special interest. It is understood that this course will not duplicate any other course regularly offered in this curriculum and that the student will work in this course as independently as the instructor thinks possible. A Special Topics course may be elected in any semester. Two such courses, however, may be taken concurrently only with the Class Dean’s approval.