Student ID Number _____ **Department** _____ **290 390 490**
(Please Circle One)

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.*