

REQUEST FOR A SPECIAL OFFERING OF A CATALOG COURSE

REGISTRAR'S OFFICE



1. STUDENT INFORMATION

Name _____

Student ID _____

Program of Study (major and minor) _____

Anticipated Graduation Date _____

2. COURSE INFORMATION

Course Number	Course Title	Credit Hours
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Term and year course will be taken _____

Attendance day(s) _____

Reason for request _____

3. APPROVALS

ADVISOR

☐ Approved ☐ Denied _____
ADVISOR SIGNATURE Date

Comments _____

INSTRUCTOR

☐ Approved ☐ Denied _____
INSTRUCTOR SIGNATURE Date

Comments _____

DEPARTMENT CHAIR

☐ Approved ☐ Denied _____
DEPARTMENT CHAIR SIGNATURE Date

Comments _____

COLLEGE DEAN

☐ Approved ☐ Denied _____
COLLEGE DEAN SIGNATURE Date

Comments _____

RETURN THIS FORM WITH A COMPLETED ACADEMIC PLAN TO THE REGISTRAR'S OFFICE

OFFICE USE ONLY

Date Entered

By (initials)

Notes