



Name _____ Campus Box _____ Date _____

I.D. # _____ Class: FR SO JR SR GR SP

Semester: Fall Spring Summer Year _____ Credit Hours _____

Course No. _____ Course Title _____

Instructor's Signature _____

Instructor's Name (Please print!) _____

COMPLETE THE FOLLOWING WITH YOUR INSTRUCTOR:

Description of proposed learning situation:

Reason for the proposed study:

Means of evaluation:

Instructor's supporting statement:

OBTAIN THE FOLLOWING SIGNATURES (in the order listed):

School Dean _____ Date _____

Registrar _____ Date _____

For Office Use:

Course _____ Online _____ Fee _____ Process Date _____
(Initials)

White – Registrar

Yellow – Instructor

Pink – Student