

Date: _____

Student Name:	
Student ID:	
Program of Study:	
Phone:	
E-mail:	
Department:	
Professor:	
Semester/Year:	
Course Title:	
Credit value:	
Level (Graduate or Undergrad)	

Attach an outline of the course of study to complete the stated credit hours above. This should include a summary of the topic, papers/projects to be completed, reading list, and meeting times.

Student Signature Date

Professor Approval Date

Department Chair Approval Date

Associate Dean Approval Date

For Department AA Use Only
Course created for Ind. Study

Dept Name
Catalog number
Section number
Add Code
Credit value

Completed form with approvals and course outline must be submitted to corresponding Department for final review