

UNDERGRADUATE SPECIAL ENROLLMENT

- <u>Guidelines</u>: In order to submit this form for approval, a copy of a well-developed course syllabus detailing student learning outcomes and assessment points must be attached.
- Students are required to meet with the instructor for a minimum of 8 hours during the course of the semester.
- All signatures are required prior to registering for the course
- Submit this completed, signed Special Enrollment form to the Office of the Registrar by the Add/Drop Deadline.
- Include a Registration form if you are not registered for other courses this semester.

Student Name:		Student ID:		
Semester: Fall Spring Sumn	ner Semester (15 wk)	□ Summer I (7 wk)	□ Summer II (7 wk)	
	COURSE TYPE			
□ Directed Study: course listed in the University catalog offered to an individual student.				
□ Independent Study: course involving a specialized subject outside the University catalog. GPA: (minimum cumulative GPA of 2.75)				
□ Thesis: scholarly research and writin	g of a thesis (e.g. CHP-	490)		
C	OURSE INFORMATION	ON .		
Course Code:	Numb	er of Credits:		
Course Title:				
Rationale for Special Enrollment:				
AUTHORIZATION				
Instructor Name (Print)	Instructor Signature		Date	
Department Chair Name (Print)	Department Chair Sig	nature	Date	
Dean of Undergraduate Studies Name (Print)	Dean of Undergradua	ate Studies Signature	Date	
Student Name (Print)	Student Signature		Date	