



Office of the Registrar
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 Newport, RI 02840-4192
 Tel: 401-341-2943 * Fax: 401-341-2996
 sruregistrar@salve.edu

GRADUATE/ CONTINUING EDUCATION SPECIAL ENROLLMENT

- Guidelines: 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:		
<input type="checkbox"/> Fall Semester (15 wk)	<input type="checkbox"/> Fall Session I (7 wk)	<input type="checkbox"/> Fall Session II (7 wk)
<input type="checkbox"/> Spring Semester (15 wk)	<input type="checkbox"/> Spring Session I (7 wk)	<input type="checkbox"/> Spring Session II (7 wk)
<input type="checkbox"/> Summer Semester (15 wk)	<input type="checkbox"/> Summer Semester (10 wk)	
<input type="checkbox"/> Summer Session I (7 wk)	<input type="checkbox"/> Summer Session II (7 wk)	

COURSE TYPE
<input type="checkbox"/> Directed Study: course listed in the University catalog offered to an individual student. <input type="checkbox"/> Independent Study: course involving a specialized subject outside the University catalog. <input type="checkbox"/> Thesis: scholarly research and writing of a thesis (e.g. INR-590)

COURSE INFORMATION
Course Code: _____ Number of Credits: _____ Course Title: _____ Rationale for Special Enrollment: _____ _____ _____

AUTHORIZATION												
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 40%; border-bottom: 1px solid black; padding: 2px 5px;">Instructor Name (Print)</td> <td style="width: 40%; border-bottom: 1px solid black; padding: 2px 5px;">Instructor Signature</td> <td style="width: 20%; border-bottom: 1px solid black; padding: 2px 5px;">Date</td> </tr> <tr> <td style="border-bottom: 1px solid black; padding: 2px 5px;">Program Director Name (Print)</td> <td style="border-bottom: 1px solid black; padding: 2px 5px;">Program Director Signature</td> <td style="border-bottom: 1px solid black; padding: 2px 5px;">Date</td> </tr> <tr> <td style="border-bottom: 1px solid black; padding: 2px 5px;">Dean of Graduate Studies & Continuing Ed Name (Print)</td> <td style="border-bottom: 1px solid black; padding: 2px 5px;">Dean of Graduate Studies & Continuing Ed Signature</td> <td style="border-bottom: 1px solid black; padding: 2px 5px;">Date</td> </tr> <tr> <td style="border-bottom: 1px solid black; padding: 2px 5px;">Student Name (Print)</td> <td style="border-bottom: 1px solid black; padding: 2px 5px;">Student Signature</td> <td style="border-bottom: 1px solid black; padding: 2px 5px;">Date</td> </tr> </table>	Instructor Name (Print)	Instructor Signature	Date	Program Director Name (Print)	Program Director Signature	Date	Dean of Graduate Studies & Continuing Ed Name (Print)	Dean of Graduate Studies & Continuing Ed Signature	Date	Student Name (Print)	Student Signature	Date
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