SPECIAL STUDY REGISTRATION
COLLEGE OF ARTS AND LETTERS

Department:_____ Semester:_____Year:_____

Name:_____ Date:_____

Address:_____ Email:_____

Telephone Number:_____ Schedule #_____

Course: 490 Units: 3 ☐

Course: 495 Units: 3 ☐

Course: 499 Units: 1 ☐ 2 ☐ 3 ☐

_____

A. Project Title (be specific)

B. Outline of work to be accomplished. Include objectives and methods of accomplishment.

C. Grading Standards. How will students meet the objectives of the special study: What factors will determine the final grade?

D. Describe the required writing component of this course.

_____

Approval granted. Signatures ***required*** before schedule number will be given to student

_____ _____

Student Supervising Instructor/ Department

_____

Academic Advisor Advisor Notes:

*Please note: It is the student's responsibility to keep a copy of the form.