UNDERGRADUATE SPECIAL STUDY REQUEST
(2984, 4984)
College of Science

Department of: ___________  Course: _______  Credit Hours: _______

Course Title: ________________________________________________________

Semester: _______  Year: _______  Grading Option: _______

Number of Students Expected: _______  Syllabus attached: _______

Plan to offer course on a regular basis? _______  When _______

Similar courses in Department: __________________________________________

Justification of special study: ____________________________________________

Methods of Evaluation: _________________________________________________

Have you sought advice from other departments or colleges who offer similar courses or who might be interested in having their students take this course? (If so, whom?)

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Send original and two copies to the Registrar’s Office with timetable request and send one copy to the Dean’s Office (0405).

____________________________________________________________________

Instructor   Date

Department Head   Date

Dean   Date