

SPECIAL COURSE APPROVAL FORM

Please Type or Print Clearly:

Please check the appropriate box indicating the type of course:

Independent Study Individual Study Instructional Asst. Research Thesis or Dissertation
Study Abroad Other: _____

(If this is an internship, do not use this form. Students should contact the department for instructions on how to begin the approval process for an internship.)

Student Information:

Banner ID: _____

Student Last Name: _____ First Name: _____ Middle Initial: _____

Student ASU Email: _____ Phone Number: _____

Course Information:

Term: Fall Spring Summer I Summer II Year: _____ Please Select Campus:

Course Prefix: _____ Course Number: _____ Credit Hours: _____ Main Campus

Course Title: _____ Distance Education

Course Meeting Dates: _____

Course Meeting Days and Times: _____
(required for 3520 courses only)

Instructor Name: _____ Instructor ASU Email: _____

Required Signatures:

Student: _____

Dept. Chairperson: _____ Print Name: _____

College Dean: _____ Print Name: _____
(or Authorized Designee)

Graduate School Dean: _____ Print Name: _____
(Graduate Students only)

Registrar's Office Use Only:

CRN: _____ Section Number: _____ Total Registered Hours After Course Added: _____

Added to Student's Schedule by: _____ Date: _____

For Undergraduate Students
Please return form to:
The Deans/Advising Office of
the course for further
processing.

For Graduate Students
Please return form to:
Graduate School
232 John Thomas Bldg.
ASU Box 32009
Boone, NC 28608