

SPECIAL STUDIES APPROVAL FORM

This form must be completed with all necessary signatures before instruction in the proposed course is begun. The student should complete the form and get the necessary signatures. The department secretary enters the course on the computer and the student can then register. Copies are distributed to: Department (copy is kept as a permanent record), Instructor and Student.

Student:		Student ID No.:
Instructor:		Term:
Course Title:		Course No.:
Number of Credits:	Grading Method: () Standard () Pass/No Pass	CRN:
Course Objectives/Competencies:		
How will objectives/competencies be achieved: (Include readings, texts, reports, research, schedule, etc.)		
How will achievement of objectives/competencies be measured? (Consider tests, assignments, other assessment tools, tangible evidence of achievement, etc.)		
I recognize that registration in this course carries the same responsibilities as in enrolling for credit in other college courses.		
Student Signature: _____		Date: _____
In my professional judgment, the content, objectives and methods of this course justify the college credit offered.		
Instructor Signature: _____		Date: _____
The course described above is consistent with the criteria for such classes and I approve offering it.		
Department Chair Signature: _____		Date: _____