

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:
Office of the Registrar
109 John Thomas Bldg.
ASU Box 32009
Boone, NC 28608

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