REQUEST FOR AN INDIVIDUAL STUDY TOPICS COURSE

<u>Student Information</u>		
Name:	ID#	
Major:		
Contact e-mail		
I am proposing an Individual Study Topics Course		
Course Prefix/No./ Topic	(Credit hours
	Date	
Signature of the Student		
The proposal was reviewed and the class is approvacademic year	red to be taught during	term of the
	Date	
Signature of the Instructor		
Signature of the Chair of the Department Offering	the Class	
	Date	
Signature of the VP for Academic Administration		
This form must be submitted to the Office of the R	egistrar for registration.	
Date Received		
Date Class Created		
Class Registration verified by		