SPECIAL TOPICS COURSE APPROVAL

ACADEMIC UNIT: _____

Circle One Term: FALL SPRING SUM I SUM II Year _____

COURSE INFORMATION (*Syllabus must be attached)*

_____	_____	_____	_____	_____
SEQUENCE	**PREFIX**	**NUMBER (198V/399V)**	**SECTION**	**CLASS SIZE**

_____ _____

HOURS (1, 2, OR 3) **TITLE**

_____	_____	_____	_____
LOCATION	**DAYS**	**TIME**	**INSTRUCTOR**

WILL SUBSTITUTE FOR: _____
(if applicable) **COURSE ID AND TITLE**

REQUESTED BY:

_____ _____ Not Applicable _____
Student's Signature Date

_____ _____ Not Applicable _____
Advisor's Signature Date

APPROVED BY:

_____ _____
Instructor's Signature Date

_____ _____
Unit Head's Signature Date

_____ _____
Vice Chancellor for Academic Affairs' Signature Date

RECEIVED/PROCESSED BY:

_____ _____
Registrar Date