

SPECIAL PROBLEMS ENROLLMENT REQUEST FORM

NOTICE: This form must be completed in consultation with the professor who agrees to direct the SPECIAL PROBLEMS course.

Directions: Please select the appropriate course prefix and number and specify the appropriate section, semester, year and number of credits.

Course: LTEC LING INFO
Number: _____ Section: _____
Semester: _____ Year: _____ Credit (1-6): _____
Student: _____ 8-digit Student ID: _____

The title of the special problems course will be:

The procedure for conducting the study of this topic will be:

As a result of this study, the anticipated product or outcome will be:

I understand that this enrollment will NOT be substituted for a course on my degree plan unless prior approval has been obtained and the proper paper forms completed.

Student Signature: _____ Date: _____

I agree to direct the special problems course outlined above.

Faculty Member Signature: _____ Date: _____

The above special problems course is approved.

Program Director Signature: _____ Date: _____

Department Chair Signature: _____ Date: _____