



Instructional Assistance

Special Course Form must accompany this form and should be filled out as the course prefix and the number 3520, not the course you are assisting (ex. ART 3520, COM 3520, TEC 3520).

Student Name (Last name, First name & Initial) _____

Student Banner ID 900 _____ Student's Email _____@appstate.edu

Academic Classification _____ Senior _____ Junior

Faculty Member _____ Semester _____ Year _____

Course Assisting: Dept./Course # _____ Section _____ Building _____ Room _____

RESPONSIBILITIES:

Student Signature _____ Date _____

Faculty Member Signature _____ Date _____

Chairperson Signature _____ Date _____

Associate Dean/Designee Signature _____ Date _____

Take this contract and special course form to the College of Fine and Applied Arts Dean's Office, Room 220 Edwin Duncan.

SPECIAL COURSE APPROVAL FORM

(Undergraduate Students Only)

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: _____ Signature
Course Meeting Days and Times: _____ Date: _____
(required for 3520 courses only) Instructor Signature: _____
Instructor Name: _____ Instructor ASU Email: _____

Required Signatures:

Student: _____ Print Name: _____ Date: _____
Chairperson: _____ Print Name: _____ Date: _____
College Dean: _____ Print Name: _____ Date: _____
(or Authorized Designee)
Graduate School Dean: _____ Print Name: _____ Date: _____
(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:
The Deans/Advising Office of
the course for further
processing.

For Graduate Students
Complete the online
form here.