

## SPECIAL COURSE APPROVAL FORM

(Undergraduate Students Only)

Please Type or Print Clearly:

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**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.)

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**Student Information:**

Banner ID: \_\_\_\_\_

Student Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_

Student ASU Email: \_\_\_\_\_ Phone Number: \_\_\_\_\_

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**Course Information:**

Term:    Fall    Spring    Summer I    Summer II    Year: \_\_\_\_\_    Please Select Campus:

Course Prefix: \_\_\_\_\_ Course Number: \_\_\_\_\_ Credit Hours: \_\_\_\_\_    Boone Campus

Course Title: \_\_\_\_\_    Hickory Campus

Course Meeting Dates: \_\_\_\_\_    App State Online

Course Meeting Days and Times: \_\_\_\_\_

*(required for 3520 courses only)*

Instructor Name: \_\_\_\_\_ Instructor ASU Email: \_\_\_\_\_

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**Required Signatures:**

Student: \_\_\_\_\_

Dept. Chairperson: \_\_\_\_\_ Print Name: \_\_\_\_\_

College Dean: \_\_\_\_\_ Print Name: \_\_\_\_\_

*(or Authorized Designee)*

OIED Representative: \_\_\_\_\_ Print Name: \_\_\_\_\_

*(if applicable)*

**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.



### Research Assistant

Special Course Form must accompany this form and should be filled out as the course prefix and the number 3522.

Student Name (Last name, First name & Initial) \_\_\_\_\_

Student Banner ID 900 \_\_\_\_\_ Student Email \_\_\_\_\_@appstate.edu

Academic Classification      Senior      Junior

Faculty Member \_\_\_\_\_ Semester \_\_\_\_\_ Year \_\_\_\_\_

#### RESPONSIBILITIES:

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

Faculty Member Signature \_\_\_\_\_ Date \_\_\_\_\_

Chairperson Signature \_\_\_\_\_ Date \_\_\_\_\_

Associate Dean/Designee Signature \_\_\_\_\_ Date \_\_\_\_\_

Forms should be submitted via the [Student Forms Submission](#) link on the College of Fine and Applied Arts website.

Signatures of the faculty, chairperson, and associate dean will be requested by the dean's office after the form has been submitted.