

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.