



Research Assistant

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

Student's Full Name (please print) _____

Student's Banner ID 900 _____ Student's Email _____@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 _____

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



Office of the Registrar
SPECIAL COURSE APPROVAL FORM

Please Type or Print Clearly:

Please check the appropriate box indicating the type of course:

Independent Study Individual Study Instructional Asst. Research Master's Thesis

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: _____

Course Information:

Term: Fall Spring Summer I Summer II Year: _____

Course Prefix: _____ Course Number: _____ Credit Hours: _____

Course Title: _____

Course Meeting Dates: _____

Course Meeting Days and Times: _____

Instructor Name: _____ Instructor ASU Email: _____

Required Signatures:

Student: _____

Dept. Chairperson: _____ Print Name: _____

College Dean: _____ Print Name: _____
(or Authorized Designee)

Graduate School Dean: _____ Print Name: _____
(Graduate Students Only)

Registrar's Office Use Only:

CRN: _____ Section Number: _____ Total Registered Hours After Course Added: _____

Added to Student's Schedule by: _____ Date: _____

Please return form to:
Office of the Registrar
109 John Thomas Bldg.
ASU Box 32009
Boone, NC 28608-2009