Special Studies Request Form

Name of Student:__________________
ID #:_____________________
Major:____________
Anticipated Graduation Date:____________________

Course Number:_______________
Semester to be taken:______________

Which course on your degree audit will this Special Study replace?
______________

Field of Study:______________

Professor:______________

1. Objective of course:
________________________________________________________________
________________________________________________________________
________________________________________________________________
________________________________________________________________
________________________________________________________________

2. Justification for course (versus catalog course):
________________________________________________________________
________________________________________________________________
________________________________________________________________
________________________________________________________________
________________________________________________________________
________________________________________________________________
________________________________________________________________
________________________________________________________________
________________________________________________________________
3. Course Content (textbook, readings, papers, projects):
   ___________________________________________________________________
   ___________________________________________________________________
   ___________________________________________________________________
   ___________________________________________________________________

4. Meeting times between student and professor:
   ___________________________________________________________________
   ___________________________________________________________________
   ___________________________________________________________________
   ___________________________________________________________________

5. Justification for credit hours carried (it is expected that each student work at least 6 hours per week for a total of 84 hours during the course of the semester to get credit for a 3 hour special studies):
   ___________________________________________________________________
   ___________________________________________________________________
   ___________________________________________________________________
   ___________________________________________________________________
   ___________________________________________________________________

6. Evaluation and grading system (to be completed by the professor)
   ___________________________________________________________________
   ___________________________________________________________________
   ___________________________________________________________________
   ___________________________________________________________________

   _____________________                 _____________________
   Student Signature                                  Professor Signature

   _____________________                 _____________________
   Approved: Department Chair                 Date

   _____________________                 _____________________
   Approved: Dean’s Office                        Date

After the professor and department chair signatures have been recorded, please take this form to the Hankamer School of Business Undergraduate Programs Office (Foster Suite 130) for the Dean’s signature.