



**Application for Special Study 495, 595**

Note: Special Studies may not duplicate a course which is listed in the Catalog and which is normally offered within a two – year period.

Semester: \_\_\_\_\_  
Grade Mode: CR/NC Grade

Name: \_\_\_\_\_ Student ID #: \_\_\_\_\_  
(Last) (First)

Telephone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Major: \_\_\_\_\_ Minor: \_\_\_\_\_

Units Earned: \_\_\_\_\_ Cum. GPA: \_\_\_\_\_ Is this an Extended Education Course: Yes No

Subject 495 595 Units (1-4) Title of Project

Description of proposed project (i.e., content, goals, reading list, and schedule of activities):

Proposed schedule of student/faculty conferences

Basis upon which grade will be assigned:

**APPROVAL SIGNATURES:**

1. Instructor: \_\_\_\_\_ Date: \_\_\_\_\_  
Print Name

2. Advisor: \_\_\_\_\_ Date: \_\_\_\_\_

3. Department Chair: \_\_\_\_\_ Date: \_\_\_\_\_

4. School Dean: \_\_\_\_\_ Date: \_\_\_\_\_

**PROCEDURES:**

- 1. Complete this form, securing all signatures required in the order listed on this form.
- 2. File form with the Scheduling Office, STEV 1024, by the add/drop period. Please check with your School Dean’s Office for school deadlines which may be earlier.