

				ich is listed in the a two – year period	1.	Semester: Grade Mode:	CR/NC	Grade
Name:	(Last)		(First)		Student ID #:			
Telephone Number:					Email:			
Major:					Minor:			
Units Earned:	Cum.	GPA:			Is this an Extended Educa	tion Course:	Yes	No
Subject		495	595	Units (1-4)	Title of P	roject		

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

Proposed schedule of student/faculty conferences

Application for Special Study 495, 595

Basis upon which grade will be assigned:

APPROVAL SIGNATURES:

1. Instructor:
2. Advisor:
3. Department Chair:
4. School Dean:

PROCEDURES:

1. Complete this form, securing all signatures required in the order listed on this form.

2. Forward form to the Scheduling Office by the add/drop period. Please check with your School Dean's Office for school deadlines which may be earlier.