

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: (Las	t)	(First)		Student ID #:			
Telephone Number:				Email:			
Major:				Minor:			
Units Earned:	Cum. GPA:			Is this an Extended	Education Course:	Yes	No
Subject	495	595	Units (1-4)	Ti	tle of Project		
Proposed schedule of	student/faculty con	ferences					
Basis upon which gra	de will be assigned:	:					
APPROVAL SIGNA	ATURES:						
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.