

## **SPECIAL COURSE APPROVAL FORM**

(Undergraduate Students Only)

## **Routing Instructions:**

- 1. Student fills out form and adds signature
- 2. Student sends form to instructor electronically
- 3. Instructor signs and sends form to Drop/Add Google folder

Please Type or Print Clearly:					
Please check the app	ropriate box ind	icating the	type of	course:	
Independent Study	Individual Study	Instructio	nal Asst.	Research	Thesis or Dissertation
Study Abroad	Other:				
(If this is an internship, do n process for an internship.)	ot use this form. Stud	ents should c	contact the d	epartment for	instructions on how to begin the approval
Student Information Banner ID:					
Student Last Name:	First Name:				Middle Initial:
Student ASU Email:	Phone Number:				
Course Information: Term: Fall Spring	g Summer I	Summer II	Year:		Please Select Campus:
Course Prefix:	Course Number:		Credit F	lours:	Main Campus
Course Title:					Distance Education
Course Meeting Dates: _					_
Course Meeting Days and (required for 3520 courses of					_
Instructor Name:	Instructor ASU Email:				
Required Signatures: Student:					
Instructor Signature:	Print Name:				
College Dean:(or Authorized Designee)	Print Name:				
Graduate School Dean: _ (Graduate Students only)	Print Name:				
Registrar's Office Use Only: CRN:	Section Number: Total Registered Hours After Course Added:				

**For Undergraduate Students** Please return form to:

Added to Student's Schedule by:

Please return form to:
The Deans/Advising Office of
the course for further
processing.

For Graduate Students Complete the online form here.

Date: