

## SPECIAL COURSE APPROVAL FORM

(Undergraduate Students Only)

Please Type or Print Clearly:

---

### Please check the appropriate box indicating the type of course:

Independent Study    Individual Study    Instructional Asst.    Research    Thesis or Dissertation  
Study Abroad    Other: \_\_\_\_\_

(If this is an internship, do not use this form. Students should contact the department for instructions on how to begin the approval process for an internship.)

---

### Student Information:

Banner ID: \_\_\_\_\_

Student Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_

Student ASU Email: \_\_\_\_\_ Phone Number: \_\_\_\_\_

---

### Course Information:

Term:    Fall    Spring    Summer I    Summer II    Year: \_\_\_\_\_    Please Select Campus:

Course Prefix: \_\_\_\_\_ Course Number: \_\_\_\_\_ Credit Hours: \_\_\_\_\_    Main Campus

Course Title: \_\_\_\_\_    Distance Education

Course Meeting Dates: \_\_\_\_\_

Course Meeting Days and Times: \_\_\_\_\_

*(required for 3520 courses only)*

Instructor Name: \_\_\_\_\_ Instructor ASU Email: \_\_\_\_\_

---

### Required Signatures:

Student: \_\_\_\_\_

Dept. Chairperson: \_\_\_\_\_ Print Name: \_\_\_\_\_

College Dean: \_\_\_\_\_ Print Name: \_\_\_\_\_

*(or Authorized Designee)*

Graduate School Dean: \_\_\_\_\_ Print Name: \_\_\_\_\_

*(Graduate Students only)*

Registrar's Office Use Only:

CRN: \_\_\_\_\_ Section Number: \_\_\_\_\_ Total Registered Hours After Course Added: \_\_\_\_\_

Added to Student's Schedule by: \_\_\_\_\_ Date: \_\_\_\_\_

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

**For Graduate Students**  
Complete the online  
form here.