

**SPECIAL COURSE APPROVAL FORM**

Please Type or Print Clearly:

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**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.)

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**Student Information:**

Banner ID: \_\_\_\_\_  
Student Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_  
Student ASU Email: \_\_\_\_\_ Phone Number: \_\_\_\_\_

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**Course Information:**

Term: Fall    Spring    Summer I    Summer II    Year: \_\_\_\_\_  
Course Prefix: \_\_\_\_\_ Course Number: \_\_\_\_\_ Credit Hours: \_\_\_\_  
Course Title: \_\_\_\_\_  
Course Meeting Dates: \_\_\_\_\_  
Course Meeting Days and Times: \_\_\_\_\_  
*(required for 3520 courses only)*  
Instructor Name: \_\_\_\_\_ Instructor ASU Email: \_\_\_\_\_

Please Select Campus:  Main Campus  Distance Education
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**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: _____
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**For Undergraduates**  
Please return form to:  
The Deans/Advising office of  
the course for further  
processing.

**For Graduates**  
Please return form to:  
Graduate School  
232 John Thomas Bldg.  
ASU Box 32009  
Boone, NC 28608