



Graduate Special Course Request Form

Please print clearly:

SEMESTER: _____ YEAR: _____

COURSE: (check) CIS 594 CIS 595 CIS 599 CSC 595 CSC 598 ISC 595 ISC 598 CIS 694 CIS 799

Credit Hours: _____

Jag ID: J00 _____ Student Name: _____

Major: (check) CSC ISC ITE HI PhD

General description of proposed study: _____

I request permission to take this directed, independent, study course as specified above and in the attached documents. I understand that it is my responsibility to consult promptly and frequently with my FACULTY MENTOR and to ensure that all necessary work is completed on time.

Date: _____ Student Signature: _____

As FACULTY MENTOR, I agree to direct this student’s work as specified above, to evaluate the individual reports submitted, and to assign an appropriate grade at its conclusion for the specified number of credits.

Date: _____ FACULTY MENTOR Signature: _____

Approvals:

Date: _____ Graduate Coordinator Signature: _____

Date: _____ Graduate Director Signature: _____