

Department of Communication
Request For Arranged Course

Date: _____

Course: _____ CRN: _____

Undergraduate Credit Hours: _____ Graduate Credit Hours: _____ Term: _____

Student's Name: _____ Banner ID#: _____

Address: _____

Phone: _____ E-mail: _____

Brief description of course:

Schedule of conferences with instructor:

Paper Required? _____ Other evaluative procedures to be used?

I understand what material the course will cover and the evaluation.

(Student's Signature)

(Instructor's Signature)

(Graduate Coordinator)

(Department Chair)

___ Approved ___ Not Approved

___ Approved ___ Not Approved