

Office Use Only

Term Enrolled _____ Course #: _____
Data Entered _____ By _____

Arranged Study Contract

\$455.00 per course credit (Academic Year 2021-2022)

Student Name: _____ ID#: _____

E-mail Address: _____

Freshman Sophomore Junior Senior Special

Course Number and Title: _____

Units of Credit: _____ Beginning Date: _____ Date to be Completed: _____

Faculty Sponsor: _____

Reasons for Request

Blank space for Reasons for Request.

Student Activities/Responsibilities:

Blank space for Student Activities/Responsibilities.

Sponsor Activities/Responsibilities:

Blank space for Sponsor Activities/Responsibilities.

Faculty Sponsor Signature Date

Student Signature Date

Department Chair Signature Date

Advisor Signature Date

Registrar's Signature Date

Advisor Copy Faculty Sponsor Copy Dept Chair Copy Student Copy Original to Student File

Please return form to the Registrar's Office located in LH 216.