



Special Reading Course

FA _____ SP _____

Submit a copy of this form to the IBS registrar before the end of late registration. If not submitted by this deadline, a Change of Enrollment form will also be required, and the regular change of enrollment fee will be assessed.

Name: _____ Student ID # _____ Date: _____

Course Title: _____

Faculty Name: _____

Course Level (check) Introductory Intermediate Advanced Doctoral Units: 1.5 3.0

Method for Evaluation (check all that apply): Written/Oral reports Paper/Exam other _____

Objectives (be concise): _____

Outline or Bibliography (be concise) _____

Notes:

Approved, SRC Instructor _____ date: _____

Approved, Academic Advisor _____ date: _____

Approved, Dean, IBS _____ date: _____