

# Graduate Special Topics/Independent Study Form

ARCH 590/690

Student Name \_\_\_\_\_ Major \_\_\_\_\_

Email Address \_\_\_\_\_ ID Number \_\_\_\_\_ Term/Year \_\_\_\_\_

**Requested Course:**

ARCH 590 - Special Topics       ARCH 690 - Independent Design Study

Section \_\_\_\_\_ Credits (1-5) \_\_\_\_\_

Course Title: \_\_\_\_\_

Description of Content / Objectives (attach additional pages if necessary):

Requirements for Successful Completion:

Meeting Arrangements (Days/Time): \_\_\_\_\_

Where will this course apply for degree requirements: \_\_\_\_\_

**Signatures Required for Approval:**

\_\_\_\_\_  
Student Date

\_\_\_\_\_  
Instructor Date

\_\_\_\_\_  
Major Professor Date

\_\_\_\_\_  
Chair of Department Date

After approval, the student returns this form to 146 Design. To register for the course, submit a *Request for Schedule Change* form to the ISU Scheduling Office, 10 Enrollment Services Building.

Copies:     Student     Instructor     Major Professor     Student file