Graduate
Special Topic Form
ARTGR 590/690

Student Name _____ **Major** _____

Email Address _____ **ID Number** _____ **Term/Year** _____

Select Topic:

☐ ARTGR 590A -Theory, Crit, Methodology   ☐ ARTGR 590B - 2D Design   ☐ ARTGR 590C - 3D Design   ☐ ARTGR 690

Course Title: _____ **Section** _____ **Credits (1-6)** _____

List all art/design and related prerequisite courses you have completed or are currently taking which give you appropriate background for this course proposal.

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Description of content and objectives of the course (attach additional pages if necessary):

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

Copies: ☐ Student   ☐ Instructor   ☐ Major Professor   ☐ Student file