

Graduate Special Topics Form

DSN S 590

Student Name _____ **Major** _____

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

Instructor's Name: _____

Course Title: _____ **Section** _____ **Credits (1-4)** _____

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

Description of content and objectives of the course (attached additional pages if needed):

Meeting Arrangements (Days/Time): _____

Where will this course apply for degree requirement? _____

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