

Specialized Course Contract

**Internship, Projects, Research, Independent Study, Advanced Studios or Directed Study**

Note: A registration form needs to be submitted with this contract

**GENERAL INFORMATION**

Fall     Spring     Summer

\_\_\_\_\_ Year

\_\_\_\_\_ Date

\_\_\_\_\_ Name

\_\_\_\_\_ Student ID

\_\_\_\_\_ Current phone number | Other phone number

\_\_\_\_\_ Email address

**FACULTY INFORMATION** *(This form should be completed with the assistance of the faculty member named below)*

**Instructor/Supervisor of the proposed course:** \_\_\_\_\_

**COURSE INFORMATION**

I am requesting to add the following option:

- Internship (98)     Project (99)     Thesis (99)     Research Project (90)  
 Independent Study (92)     Advanced Studio (90)     Directed Study **and**  Directed Study FACULTY Course Request has been completed and approved.

Select the course level:

- 100 level     200 level     300 level     400 level

CRN*	Course Subject	Course Number	Section Number*	Course title	Credits**
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**ADD CLASSES**

CRN*	Course Subject	Course Number	Section Number*	Course title	Credits**

\* CRN and Section Number will most likely be assigned by the Registrar's Office during registration

\*\*One credit= 40+ hours of full time study (class time, reading, research, job/work training, work experience, or other relevant materials.)

This course will start and begin on:

Start Date \_\_\_\_/\_\_\_\_/\_\_\_\_ to End Date \_\_\_\_/\_\_\_\_/\_\_\_\_ (course must start and end within the semester)

Are there additional lab or other course fees for this course?  No     Yes-fee amount \$ \_\_\_\_\_

**Complete course outcome, assignment, and evaluation information at the end of this form. If additional space is required attach the additional information to this document.**

**SIGNATURES**

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

Contract Supervisor/Instructor: \_\_\_\_\_ Date: \_\_\_\_\_

Division Chair: \_\_\_\_\_ Date: \_\_\_\_\_

Director of Student Success: \_\_\_\_\_ Date: \_\_\_\_\_

Financial Aid Office (if enrolling after semester begins): \_\_\_\_\_ Date: \_\_\_\_\_

**Registrar Office Use Only:** Date registered: \_\_\_\_\_ Credits registered: \_\_\_\_\_ Posted by: \_\_\_\_\_

## **COURSE DETAILS INFORMATION**

Provide class assignment information in the following areas. Be as specific as possible.

**INTERNSHIP - What business will you be completing your internship with?** \_\_\_\_\_

Course Outcomes and Objectives

Required Student Assignments and Activities (be specific/provide detail)

Evaluation Methods