Student: _________________________________  Banner ID#: ____________
Email Address: __________________________  Phone #: (____)__________
Field/Title of Study: ____________________  Course #: ______ 5396
Semester: __________  Year: ____________  Sem. Hrs: ____________
Professor: __________  CRN #: ____________  Student’s Program: _________

Description of Proposed Study and End Product Required:

Specific Method of Evaluation:

A complete syllabus must be provided with this form before signatures are added. The syllabus must conform to the standardized syllabus template, including a full list of learning objectives, requirements of the proposed study, and timetable for completion.

_______________________________________________________________
Signature of Student                      Date
_______________________________________________________________
Signature of Professor Offering Course    Date
_______________________________________________________________
Signature of Department Chair             Date
_______________________________________________________________
Signature of Director of Master’s Programs Date