

Special Problems Form

Student's Full Legal Name: _____

Student ID Number: _____

Course Number and Title: _____

Session and Year: _____ Number of Hours: _____

Abstract of Proposed Course: _____

Student's Signature _____ Date: _____

Approval

Yes	No	
_____	_____	Faculty Sponsor's Signature _____
_____	_____	Department Chair's Signature _____
_____	_____	Dean of College's Signature _____