

SPECIAL COURSE OPTIONS PERMISSION FORM

Please print the following information.		Date:				
Banner ID#:or- Email:		@dickinson.edu				
Student's Name:		Class Yea	ar:	HUB #:		
Advisor's Name:		Fall	Spring	Year:		
To register for	an INDEPENDENT S	TUDY, please co	mplete this	s section:		
Dept	50	0	# of Cred	its		
Title	T CLEARLY – this title appears or					
(Please PRIN	T CLEARLY – this title appears or	n the student's transcript)			
Printed Name of	Professor	Signature of P	rofessor			
To register for	an INDEPENDENT R	ESEARCH, plea	se complet	e this section:		
Dept	55	0	# of Cred	its		
Title	NT CLEARLY – this title appears o					
(Please PRIN	IT CLEARLY – this title appears o	n the student's transcript	t)			
	Printed Name of Professor			Signature of Professor		
To register for	an TUTORIAL, please	e complete this s	ection:			
Dept	60/	0	# of Cred	its		
Title	NT CLEARLY – this title appears o		~			
(Piease PRIN	II OLEARLY - THIS TITLE APPEARS O	in the student's transcript	u)			
Printed Name of	Printed Name of Professor		Signature of Professor			
Shaded	boxes are for Registrar's O	ffice use only.				