



SPECIAL COURSE OPTIONS PERMISSION FORM

Please **print** the following information.

Date: _____

Banner ID#: _____ -or- Email: _____@dickinson.edu

Student's Name: _____ Class Year: _____ HUB #: _____

Advisor's Name: _____ Fall Spring Year: _____

To register for an INDEPENDENT STUDY , please complete this section:	
Dept _____	500 <input style="width: 40px; height: 20px;" type="text"/> # of Credits _____
Title _____ <small>(Please PRINT CLEARLY – this title appears on the student's transcript)</small>	
_____	_____
Printed Name of Professor	Signature of Professor
To register for an INDEPENDENT RESEARCH , please complete this section:	
Dept _____	550 <input style="width: 40px; height: 20px;" type="text"/> # of Credits _____
Title _____ <small>(Please PRINT CLEARLY – this title appears on the student's transcript)</small>	
_____	_____
Printed Name of Professor	Signature of Professor
To register for an TUTORIAL , please complete this section:	
Dept _____	600 <input style="width: 40px; height: 20px;" type="text"/> # of Credits _____
Title _____ <small>(Please PRINT CLEARLY – this title appears on the student's transcript)</small>	
_____	_____
Printed Name of Professor	Signature of Professor

Shaded boxes are for Registrar's Office use only.

Registrar's Office Use Only		
CRN: _____	SFAREGS: _____	Date: _____