



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: _____

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|---|--|
| 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.

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