

OFFICE OF THE REGISTRAR



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 Summer Year: _____

of credits for term w/o Special Course: _____ (If adding this Special Course brings your total credits to 5, then you will need to also complete the Overload Registration Form, which you can only do twice while at Dickinson.)

To register for INDEPENDENT STUDY , please complete this section:		
Dept _____	500 <input style="width: 40px; height: 20px;" type="text"/>	# of Credits _____
Title _____ <i>(Please PRINT CLEARLY – this title appears on the student's transcript)</i>		
Printed Name of Professor _____	Signature of Professor _____	
To register for INDEPENDENT RESEARCH , please complete this section:		
Dept _____	550 <input style="width: 40px; height: 20px;" type="text"/>	# of Credits _____
Title _____ <i>(Please PRINT CLEARLY – this title appears on the student's transcript)</i>		
Printed Name of Professor _____	Signature of Professor _____	
To register for STUDENT/FACULTY COLLABORATIVE RESEARCH , please complete this section:		
Dept _____	560 <input style="width: 40px; height: 20px;" type="text"/>	# of Credits _____
Title _____ <i>(Please PRINT CLEARLY – this title appears on the student's transcript)</i>		
Printed Name of Professor _____	Signature of Professor _____	
To register for a TUTORIAL , please complete this section:		
Dept _____	Course # _____ <input style="width: 40px; height: 20px;" type="text"/>	# of Credits _____
Printed Name of Professor _____	Signature of Professor _____	

Shaded boxes are for Registrar's Office use only.

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