



Last Name <input style="width: 90%;" type="text"/>	First Name: <input style="width: 90%;" type="text"/>
Student ID <input style="width: 80%;" type="text"/>	
E-mail: <input style="width: 90%;" type="text"/>	Phone: <input style="width: 90%;" type="text"/>

Academic Year (eg. 2002-03) <input style="width: 80%;" type="text"/>	Semester: Full-year (Sept.-Apr.) S1 (Sept.-Dec.) I1 (May-June) S2 (Jan.-Apr.) I2 (July-Aug.)
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Dept.	Course No.	Title	Credit Hrs	Professor

Description:	

Method of Evaluation:	

Chair:

Professor:

Student:

Registrar:

Date Submitted:
 YR MO DY

Date Approved:
 YR MO DY

Copies: 1) Student 3) Student File
 2) Professor 4) Independent Study File