ST. CLOUD STATE
UNIVERSITY

SCHOOL OF GRADUATE STUDIES

Request for 501 or790 - 795 Course Approval

This form is an agreement between the student and the university that specifies the content and the obligations of this enrollment. The items below MUST be completed in order for your registration to be processed. All the 501, 790 - 795 courses must be approved by the Graduate Dean prior to course creation and registration. If approved by the Graduate Dean, the signed form will be returned to the requested department for course creation and notification of the student.

****** Please allow 5-7 Business days for processing******

SCSU ID (Tech ID)

Student's Name: _____
(PLEASE PRINT) Last First Middle

E-mail address: _____ Phone: _____

Please check which type of course you are requesting

_____ *501 course*
_____ *790-795 course*

Course Requesting: _____ _____ _____ Fall Spring Summer _____
Department Number Credits (Circle One)

Course Attending: _____ _____ _____ Fall Spring Summer _____
Department Number Credits (Circle One)

Title _____

Additional Assignments Required for Masters or Doctoral level student (must provide): _____

_____

_____

Evaluation and Grading Procedures: _____

_____

INSTRUCTOR USE ONLY:
Grading option must be checked.
_____ABCDF _____S/U

Required Signatures:

1. _____ _____ _____
Student Signature (PRINT) Date

2. _____ __(_____)__ _____ _____
Instructor Signature **Instructor ID#** (PRINT) Date

3. _____ _____ _____
Department Chairperson Signature (PRINT) Date

4. _____ _____ _____
Graduate Dean Signature (501, 790-795 Courses) (PRINT) Date

Course ID: _____

05/2014