

College of Fine Arts
Contract For Non-Traditional Course

DEPARTMENTAL AND DEAN'S APPROVAL REQUIRED BEFORE REGISTRATION

PLEASE TYPE

Student _____ ID# _____
 Dept. _____ Course # _____ Sec. # _____ Hrs. credit _____
 Course Title _____ Semester/year _____

Give a brief statement of your goals:	Give the specific steps you propose to realize these goals:
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Attach a bibliography, list of consultants, resources, etc.

COURSE CALENDAR

Weeks 1 - 4	Weeks 9 - 12
Weeks 5 - 8	Weeks 13 - 15
Schedule Mid-Term Conference:	Final Exam/Completion Date:

Signed _____
Student Date

Signed _____
Faculty Supervisor Date

Approved _____
Advisor Date

Approved _____
Dean Date

Original: Faculty Supervisor

CC: Student Department Chairman
 Advisor Dean