

DEPARTMENT OF HISTORY
COLORADO STATE UNIVERSITY

SPECIAL STUDIES COURSES

Return this form, completed (*), for Chair approval. Once approved, an email will be sent to the student, with the Instructor copied, stating a seat has been opened, and to register for the class.

(*CRN will be completed by History Department Office Personnel.)

Name: _____

Date: _____

CSU ID #: _____

Semester/Year: _____

Email (print clearly): _____

UNDERGRADUATE COURSES: (No more than 6 credits of HIST 495 can be taken.)

HIST 495 Independent Study *CRN: _____

of CREDITS: _____

GRADUATE COURSES:

HIST 586 Practicum

*CRN: _____

HIST 587 Internship

*CRN: _____

HIST 695 Independent Study

*CRN: _____

HIST 699 Thesis

*CRN: _____

HIST 684 College Teaching

*CRN: _____

of CREDITS: _____

PROJECT DESCRIPTION including a brief description of the graded assignments/activities and their value determining the final grade: (Continue on back, or attach sheet, if necessary)

Faculty Member's Name (Printed): _____

Faculty Member's Signature: _____ Date: _____

Chair's Approval: _____ Date: _____

'Student Aries Entry: _____

'Faculty Aries Entry: _____

'Email sent: _____

7/2016