

OUACHITA BAPTIST UNIVERSITY
SPECIAL COURSES & INDIVIDUAL STUDIES
(for courses NOT listed in the catalog)

NAME _____ I.D.# _____ DATE _____

ADVISOR NAME _____ SEMESTER _____

Department in which the course is to be offered _____ OBU BOX# _____

Note: On petition of an instructor or three students, a special course or individual study may be approved.

COURSE LEVEL _____ PROPOSED TITLE _____ CREDIT HOURS _____

COURSE DESCRIPTION _____

Area of study, design of research, creative work planned.

STUDENT(S)' SIGNATURES

INSTRUCTOR

DEPARTMENT CHAIR

DEAN, SCHOOL OF COURSE

REASON FOR COURSE OFFERING:

OFFICE USE ONLY:

SEQ.# _____ COURSE# _____ COURSE TITLE _____

APPROVAL:

VICE PRESIDENT, ACADEMIC AFFAIRS

NOTE: YOU MUST GO THROUGH REGISTRATION.

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DEAN OF STUDENT'S MAJOR
INSTRUCTOR
STUDENT
ADVISOR (photocopy)

REV: February/2002