APPLICATION FOR UNDERGRADUATE SPECIAL TOPICS OR PROJECTS COURSE

Department of Communication
College of Arts and Sciences
Georgia State University

Choose one appropriate to your major/minor:

FILM 4165_________ JOUR 4900_________ THEA 4860_________
Special Production Topics Special Topics Special Topics
CRN_______________ CRN_______________ CRN_______________

FILM 4780_________ SPCH 4890_________ THEA 4890_________
Special Topics Special Projects Special Projects
CRN_______________ CRN_______________ CRN_______________

FILM 4890_________
Special Topics
CRN_______________

Special Topics/Projects courses vary among majors. Check the General Catalog for course prerequisites and number of times courses may be repeated with different topics. Each course is for three semester hours, and each requires the approval of the chair of the department and the course instructor PRIOR to registering for academic credit. Complete the form with signed copies for the file, the instructor of record, and the student.

I wish to apply for the above course in the Department of Communication for the Fall/Spring/Summer (circle one) semester of 20___. This course is for 3 credit hours. I understand the completion of this application does not constitute registration, and that I must register for the courses in the usual manner at the time of regular registration for the term for which the credit is to be earned.

Please complete all information. Not doing so will create delays in processing request.

Student Name (please print) ________________________________________________________________
Student Signature ______________________________________________________________
Student Panther ID Number (required) ________________________________________________
Student e-mail ______________________________________________________________
Student Phone Number ______________________________________________________________
Professor Name (please print) __________________________________________________________
Professor’s Signature ___________________________ Date __________________
Chair’s Signature ___________________________ Date __________________

(over)
To be completed by the student and the supervising faculty member:

Course Title

Description of course (provide specific details)

Frequency of meetings with supervising faculty member (normally at least twice a week)

Course Objectives (provide details)

Course Requirements (papers, examinations, etc. Be specific about the number and length of assignments. Provide percentages for each)

Bibliography of readings