

School of Business
Course -By-Arrangement

Student Name: _____ Student ID#: _____

Email Address: _____ Phone #: _____

Date of Request: _____

TERM: Fall Winter Spring Summer

Course-By-Arrangement in lieu of (state course number and title):

Supervising Faculty:

Name: _____ Date: _____

Signature: _____

Dean: _____ Date: _____

Office Use Only:

- 1. Recording: _____
- 2. Registration: _____
- 3. Notify Faculty: _____
- 4. Notify Student: _____

cc: Department Chair