

SOUTHWESTERN ADVENTIST UNIVERSITY
REQUEST FOR A SELECTED TOPICS/DIRECTED STUDY COURSE

Student Information

Name: _____ ID # _____
Major: _____
Contact e-mail _____

I am proposing a Selected Topics/Directed Study Course

Course Prefix/No./ Title _____ CHrs _____

_____ Date _____

Signature of the Student

The proposal was reviewed and the class is approved to be taught during _____ term of the
academic year _____

_____ Date _____
Signature of the Instructor

_____ Date _____
Signature of the Chair of the Department Offering the Class

_____ Date _____
Signature of the VP for Academic Administration

This form must be turned in to the Office of Admissions and Records for registration.

Date Received _____

Date Registered _____

Registration verified by _____