



# SOUTHWESTERN ADVENTIST UNIVERSITY

Knowledge. Faith. Service.

## 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 submitted to the Office of the Registrar for registration.

Date Received \_\_\_\_\_

Date Registered \_\_\_\_\_

Registration verified by \_\_\_\_\_