

**FAIRMONT STATE UNIVERSITY GRADUATE STUDIES
SPECIAL COURSE APPROVAL FORM**

Course requested by: _____
Course Subject: _____ Course Title: _____ Term: _____
Course Number: (5099 Grant;/Special Topics; 5399 Independent Study) _____ Section: _____ Credit Hours: _____
Course Description: _____

Date(s) to be offered: _____ Day(s): _____ Times(s): _____
Anticipated enrollment: _____ Maximum enrollment: _____
Location: _____ FSU Building, Room #: _____
Instructor of Record: _____
Actual Instructor: _____
Highest Degree Attained: (Please Attach Vitae) _____ Institution: _____
Instructor's place of employment: _____
Instructor's address: _____
Amount of Instructor's compensation: _____

Contract Arrangements (e.g., contracting agency, address, contact person(s), requested tuition reduction*, and payment method): _____

Additional Comments: _____

Required Signatures

Department Chair: _____ Date: _____
College/School Dean: _____ Date: _____
Dean of Graduate Studies: _____ Date: _____
* Vice-President for Grants & Contracts: _____ Date: _____
* Vice President for Administration & Fiscal Affairs: _____ Date: _____
Registrar: _____ Date: _____

(* Must receive prior approval for any reduction in graduate course tuition or fees.)

Please sign, make a file copy & forward.