**Special Reading Course Form**

This form must be completely filled out and submitted to the Registrar before the end of Late Registration.* Please make a copy for yourself prior to submission. **Note:** *Special Reading Courses do not automatically fulfill degree requirements.* **Note:** *Do not use this form for any GTU Common MA or PhD programs.*

_________________________________        ______________
Student Name                                                    ID Number

**Degree:**   □ M Div   □ MTS   PLTS GPA _______   CUM GPA _______  
(Min. 2.0 Req.)   (Min. 2.0 Req.)

**Academic Year:** _______   **Term:**   □ Fall   □ Intersession   □ Spring   □ Summer

Sponsoring Professor: ___________________   School offering study:________________________

Course Level: □ Introductory   □ Advanced   □ Doctoral

Credit hours requesting (0-3): _________   Grade: □ Pass/No Credit   □ Letter Grade

Evaluation: □ Written/Oral Reports   □ Paper/Exam   □ Other _____________

Have you previously earned Special Reading Course credit (circle one)?  **YES**  **NO**

If YES, how many credits did you receive? _____   Title of Study __________________

Previous experience (as related to this contract including course work): ________________

Title of Study (Not a title of a course we offer):____________________________________

Objectives: ____________________________________________________________

Bibliography and other sources/resources: _____________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

I accept full responsibility for my CLU enrollment, including interest that may accrue on any unpaid balance.

___________________________________________                 ____________________
Signature of Student                                                                       Date

**Authorization Section:** Please obtain all of the required signatures below.

__________________________________________                 ____________________
Approval of Sponsoring Professor                                                  Date

____________________________________________
Approval of Dean *(required after last day to add a class)*                          Date

(Please attach additional sheets of paper, if needed.)

*Contact the Registrar’s office for the DUE DATE.*