

VALPARAISO UNIVERSITY – OFFICE OF GRADUATE STUDIES
DROP/ADD CARD – CHANGE IN REGISTRATION

STUDENT ID: _____ **DATE:** _____

NAME: _____

COURSES DROPPED				COURSES ADDED			
DEPT	CRSE NO	SEC	CR HRS.	DEPT	CRSE NO	SEC	CR HRS.
Total Credits Dropped				Total Credits Added			

Total Credits After Change _____

Dean's approval for overload _____ **Adviser's Signature** _____

After securing adviser's signature, **RETURN THIS CARD ALONG WITH YOUR PROJECT PAPERWORK TO THE OFFICE OF GRADUATE STUDIES.**



#690 TOPICS: SPECIAL STUDIES
OFFICE OF GRADUATE STUDIES
 VALPARAISO UNIVERSITY
 Valparaiso, Indiana 46383-6493
 (219) 464-5313 or (800) 821-7685

This form **must** be completed, signed by both the instructor and the Chair of the department involved, and returned to the Graduate Division Office. Upon approval of the Dean of Graduate Studies, copies will be distributed. **Please note:** This completed form does **not** constitute registration for this course. *The student must turn in the registration form with this special topics form.*

A copy of the project paper must be filed in the Graduate Office upon completion.

DEPARTMENT: _____

DATE SUBMITTED: _____

STUDENT ID NUMBER: _____

1. **NAME:** _____
 LAST FIRST MIDDLE FORMER NAME

2. **PRESENT** _____
 NUMBER AND STREET CITY, STATE, ZIP

3. **HOME PHONE:** _____ **WORK PHONE NUMBER:** _____

EMAIL ADDRESS: _____

4. **PROJECT IS TO BE UNDERTAKEN IN THE** _____ **SEMESTER** 200 _____ **NUMBER OF CREDITS** _____

I. Title of Project: _____

Title for Transcript: _____ **ST:** _____ (limit 24 letters & spaces)

II. PROPOSED PROJECT

On an attached sheet, in a typewritten/double-spaced format, describe in one page the subject area(s), thesis, scope, particular approach, etc.

III. READING LIST

On an additional attached sheet, in a typewritten format, list at least 5 major references (texts, monographs, articles) that will support the project. References may include both primary and secondary source materials.

Instructor's Name (Printed): _____

Date: _____

Instructor's Approval Signature: _____

Date: _____

Dept. Chairman's Approval Signature: _____

Date: _____

Graduate Dean's Approval Signature: _____

Date: _____

PLEASE NOTE: Incomplete forms will not be processed.

cc: Registrar's Office