GIANForte School of Computing

Non-Lecture Courses
(excluding CSCI 590 & 690)

Restricted Entry

The Gianforte School of Computing requests permission to enroll the following student in the below listed course:

Year __________ course will be offered: ☐ Fall ☐ Spring ☐ Summer (F6 I6 L6 All)

Please choose one

Student: ____________________________________________________________

Last Name, First Name, Middle Initial

Student ID#: __________________________

<table>
<thead>
<tr>
<th>CRN</th>
<th>Subject Abbr.</th>
<th>Course Num.</th>
<th>Section Num.</th>
<th>Credits*</th>
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Title of Non-Lecture Course** __________________________________________

Instructor’s Name – please print

* Be specific as to the number of credits. Check the MSU web catalog for maximum credit registration for the course.

** The generic title “Individual Problem” may appear on the student’s permanent transcript record.

Instructions:

1. On the back of this form, describe your proposal for the course, including the exact activities you will pursue for these credit(s). If a proposal needs more information, additional pages may be attached.

2. Present the proposal to the instructor for review and approval, making changes as necessary.

3. The instructor must complete the EVALUATION section on the back of this form, indicating methods of evaluation and grade assignment.

_reverse side must be completed_
Fill out the following information regarding the course (attach additional pages as necessary.)

Course description

____________________________________________________________________________

____________________________________________________________________________

____________________________________________________________________________

____________________________________________________________________________

Objectives

____________________________________________________________________________

____________________________________________________________________________

____________________________________________________________________________

____________________________________________________________________________

Evaluation  Describe how the course will be graded (Please include all relevant information such as required papers, exams, presentations, discussions, projects, deadlines, etc.). Specifically list intended frequency of meetings with student.

____________________________________________________________________________

____________________________________________________________________________

____________________________________________________________________________

____________________________________________________________________________

Date final grade due to GSOC Office: ______________________________

Approved:

Student Signature__________________________  Date: ____________________________

Instructor Signature__________________________  Date: ____________________________

Director _________________________________  Date: ____________________________

10/27/16