I make application to take

<table>
<thead>
<tr>
<th>Course Code</th>
<th>Department</th>
<th>Semester</th>
</tr>
</thead>
<tbody>
<tr>
<td>Phil 4950</td>
<td>Philosophy</td>
<td>Spring</td>
</tr>
<tr>
<td>RelS 4950</td>
<td>Religious</td>
<td></td>
</tr>
<tr>
<td>Phil 8950</td>
<td>Philosophy</td>
<td></td>
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<tr>
<td>RelS 8950</td>
<td>Religious</td>
<td></td>
</tr>
</tbody>
</table>

in the Spring □ Summer □ Fall □ semester of ___________ (indicate year).

This course is for ___________ semester hours credit. This course will not make my total course load more than 18 hours.

I understand that I must submit this form first to my faculty adviser, then to Ellen Logan for GoSolar authorization and then register for the course in the usual manner (including setting the number of semester hours credit).

### Program of Study
*(To be completed by student and faculty member under whom work is to be done.)*

1. Course Title
   
   ____________________________________________________________

2. Faculty Advisor
   
   ____________________________________________________________

3. Course Objectives, including bibliography (attach additional sheet(s) if necessary).

   ____________________________________________________________
   ____________________________________________________________
   ____________________________________________________________
   ____________________________________________________________
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   ____________________________________________________________
   ____________________________________________________________

4. Course Requirements (e.g., written and/or oral presentations, examinations, research project, etc.)

   ____________________________________________________________
   ____________________________________________________________
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   ____________________________________________________________
   ____________________________________________________________

5. Grading Policy (How the final grade is to be calculated and the weight assigned to the various requirements.)

   ____________________________________________________________
   ____________________________________________________________
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   ____________________________________________________________

6. Indicate frequency of meetings with student (at least once a week).

   ____________________________________________________________
   ____________________________________________________________
   ____________________________________________________________
   ____________________________________________________________

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Student name (please print) _________________________________  Student ID Number __________________________  Student E-mail Address __________________________

__________________________
Student Signature

__________________________
Faculty advisor signature  Graduate Director (For 8950)

*(FOR USE ONLY IN THE PHILOSOPHY AND RELIGIOUS STUDIES DEPARTMENTS)*