

INDIVIDUALIZED OR SPECIALIZED STUDY EMPHASIS
COURSE OF STUDY APPROVAL FORM

DIRECTIONS

1. Complete this form prior to registering for proposed courses. Courses taken prior to approval may not apply.
2. Submit this form by fax, email or mail to your assigned advisor who will submit the form for approval to the appropriate program director. Allow one quarter for the approval process.
3. List the proposed courses and activities below. If selecting a topic/subject other than an existing CityU course, i.e. an individualized study topic, attach a description of the topic and the intended learning goals. Remember that all courses and activities listed must be aligned with your emphasis title.

COURSE OF STUDY PROPOSAL

STUDENT NAME: _____ **SID:** _____

DATE: _____ **DEGREE:** _____

TITLE OF EMPHASIS: _____
(This title will show on the student's diploma and transcripts)

GOAL FOR PROPOSED AREA OF STUDY: _____

	COURSE NUMBER	TOPIC OF STUDY/TITLE OF COURSE	TERM (TENTATIVE)
1			
2			
3			
4			
5			
6			
7			
8			
9			

Additional Comments: _____

Approved: Denied:

Program Director Signature: _____ Date: _____