Student Name: _______________________________ Academic Year ________

Term: Summer ____ Fall ____ Winter ____ Spring ____ Units: ____ (1-7)

SPPS Faculty Advisor on Proposed Course of Study: _____________________

Course Preceptor: _______________________

Brief Description of Proposed Course of Study:

Objectives of Proposed Course of Study:

Proposed Activities:

Evaluation Procedures:

Student Signature __________________________ Date ____________

Print Faculty Name
g____________

Faculty Signature Acknowledging Approval of Proposal ____________ Date ____________

Associate Dean for Academic Affairs ____________ Date ____________

Curriculum Coordinator Assignment of Section ID Number ____________ Date ____________

Faculty Signature Acknowledging Successful Completion ____________ Date ____________