



Office of the Registrar  
McAuley Hall 205  
100 Ochre Point Avenue  
Newport, RI 02840-4192  
Tel: 401-341-2943 \* Fax: 401-341-2996

## SPECIAL ENROLLMENT FORM

*This form is required for all special enrollments including Directed Studies, Independent Studies, and Thesis.*

**Check One:**

- Directed Study:** course listed in the University catalog offered to an individual student.
- Independent Study:** course involving a specialized subject outside the University catalog. **GPA** \_\_\_\_\_  
(Independent Study requires a minimum Cumulative GPA of 2.75)
- Thesis:** Graduate and Undergraduate Scholarly research and writing of a thesis (ADJ590, HUM590, or INR590, PELL450)

**Guidelines:** In order to submit this form for approval, **a copy of a well-developed course syllabus detailing student learning outcomes and assessment points must be attached.** Undergraduate students are required to meet with the instructor for a minimum of 8 hours during the course of the semester.

All signatures are required prior to registering for the course. A Registration Form or Course Adjustment (Drop/Add) form must be submitted along with this completed, signed Special Enrollment form to the Office of the Registrar.

**Year:** \_\_\_\_\_ **Semester:**  Fall  Spring  Summer I  Summer II

**Student Name:** Last \_\_\_\_\_ First \_\_\_\_\_ MI \_\_\_\_\_

**Student's Major:** \_\_\_\_\_ **Minor(s):** \_\_\_\_\_

**Address:** Campus Mailbox: \_\_\_\_\_ Campus Phone Extension: \_\_\_\_\_

Number & Street: \_\_\_\_\_ Apartment: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**Cell Phone:** \_\_\_\_\_

**DEPARTMENT in which special enrollment is being pursued:** \_\_\_\_\_

**Rationale for special enrollment:**

\_\_\_\_\_

\_\_\_\_\_

**Start Date:** \_\_\_\_\_ **End Date:** \_\_\_\_\_

**Course Code:** \_\_\_\_\_ **Number of Credits:** \_\_\_\_\_

_____ <b>Instructor Name (print)</b>	_____ <b>Instructor Signature</b>	_____ <b>Date</b>
_____ <b>Department Chairperson Signature</b>		_____ <b>Date</b>
_____ <b>Dean of Arts &amp; Sciences / Dean of Professional Studies Signature</b>		_____ <b>Date</b>
_____ <b>Student Signature</b>		_____ <b>Date</b>