Print Form

COURSE AUTHORIZATION FORM
Department of Sociology

(Form 2004m)

Name: _____ ID#: _____

Semester: _____ Year: _____

Email Address: _____ Phone: _____

For each course needing authorization fill in the computer registration number (CRN) and indicate the number of credit hours, if necessary. Obtain the relevant instructor's initials to indicate approval.

Soci 8970, Directed Reading (1-3) Hours:_____ CRN:_____ Approval:_____

Print Name of Faculty Member: _____

Soci 9000, Teaching Sociology (3) Hours:_____ CRN:_____ Approval:_____

Soci 9001, Teaching Internship (3) Hours:_____ CRN:_____ Approval:_____

Soci 9002, Writing for Publication (3) Hours:_____ CRN:_____ Approval:_____

Soci ____, _____ Hours:_____ CRN:_____ Approval:_____

Soci ____, _____ Hours:_____ CRN:_____ Approval:_____

Soci ____, _____ Hours:_____ CRN:_____ Approval:_____