

**GRADUATE SCHOOL
TROY UNIVERSITY
SPECIALIZED STUDY REQUEST**

SPECIALIZED STUDY FORM MUST BE COMPLETED PRIOR TO ENROLLMENT. A COPY OF THE SYLLABUS MUST BE ATTACHED.

TO THE REGISTRAR:

I hereby apply for enrollment in the following Graduate School Specialized Study course:

Name: _____
Term of Registration: _____ Hrs. Credit: _____
Department: _____ Course No: _____
Previous semester hours completed of 6625-26-27: _____

Total credit in 6625, 6626, 6627 (restricted to Graduate level or 7725, 7726, 7727 (restricted to Ed.S. or Sixth-year level programs) courses may not exceed six semester hours. Students must consult with the instructor and/or advisor in designing the specialized study, identifying course requirements, exam dates, etc. A syllabus specifying all course requirements must be attached to this form.

My major field is: _____

My area of specialization is: _____

I will be a candidate for the following degree: _____

Approved specialized study topic _____

Signed: _____ / _____ Date: _____
Student SSN

Address: _____
Street City State Zip

Telephone Email Address

Approved: _____ Date: _____
Instructor Signature

Approved: _____ Date: _____
Advisor Signature

Approved: _____ Date: _____
Department Chair/Dean Signature

Distribution: White: Registrar
Green: Advisor
Yellow: Instructor
Pink: Dean/Dept. Chair
Gold: Student

Approved by Graduate by Council 7-17-01

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