

**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: Student ID #:

Term of Registration: Hrs. Credit:

Department: Course No:

Previous Semester Hrs. completed of 6625 / 6626 / 6627:

Total credit in 6625, 6626, 6627 (restricted to Graduate level) or 7725, 7726, 7727 (restricted Ed.S. or Sixth-year level programs) courses may not exceed six semester hours. Students must consult with the instructor and / or adviser 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 Special Study Topic:

Student Signature _____

Date _____

Address:

City: State:

Zip:

Phone Number:

Email:

Approved: _____
Instructor's Signature

_____ Date

Approved: _____
Adviser's Signature

_____ Date

Approved: _____
Department Chair / Dean's Signature

_____ Date

Approved: _____
Graduate School, Associate Dean / Dean's Signature

_____ Date