

DOMINICAN SCHOOL OF PHILOSOPHY & THEOLOGY SPECIAL READING COURSE

Provide all the course information below, obtain all signatures, and submit the completed form to the DSPT Registrar during the registration period. Student ID #: Academic Program: **COURSE INFORMATION:** Semester/Year: Course Name (to appear on transcript): Course Number (check one): ☐ SRC-9999 ☐ SRC-8888 Upgrade _____ Instructor School: Instructor: Credits: Subject Field/ Area: ☐ Pass/Fail Grade Option: ☐ Letter Grade ☐ Audit Method for Evaluation (check all applicable): ☐ Written Report/Reflection ☐ Oral Presentation ☐ Paper/Examination ☐ Other: Clear goals and objectives must be included. You must address all elements described in the procedures. Forms which lack these elements will not be approved by the Academic Dean. Attach separate sheet if necessary. Reason for Course: Objectives and Outline or Syllabus: Bibliography or Reading List: Meeting Schedule: Instructor Signature: _____ Date: Advisor Signature: Date: Academic Dean Signature: _____ Date: _____

Registrar's Office: Registered in Populi? \square Yes \square No Date: Initials: