

A Special Study course should not be taught more than twice. It then must be submitted through governance for permanent class status. Please attach a syllabus for the proposed course.

General Course Information										
Course Number	<input type="checkbox"/> 0984	<input type="checkbox"/> 1984	<input type="checkbox"/> 2984	<input type="checkbox"/> 3984	<input type="checkbox"/> 4984	<input type="checkbox"/> 5984	<input type="checkbox"/> 6984	<input type="checkbox"/> 8984		
	AT	UG	UG	UG	UG	Grad	Grad	Vet-Med		
Department							Anticipated Number of Students			
Course Title							Subject Code			
Semester and Year					Meetings Days and Time			Credit Hours		
Grade Mode	<input type="checkbox"/> A/F	OR	<input type="checkbox"/> P/F	OR	<input type="checkbox"/> All (A/F, P/F, Audit)					
Is a room for this course?	<input type="checkbox"/> Yes		<input type="checkbox"/> No		If no, what is the Location: _____					
If this course is taught with another CRN what is the CRN?	_____									
Does this course replace another CRN and its days/times/room?	<input type="checkbox"/> Yes				<input type="checkbox"/> No					
If yes, please provide: CRN/Days/Times/Room	_____									

Justification of Course (Select ONLY ONE and attach the course syllabus)	
<input type="checkbox"/>	This course is being taught on a "test basis" before being submitted for consideration as a permanent course.
<input type="checkbox"/>	This course meets a non-recurring need that is not addressed by existing courses.
<input type="checkbox"/>	Course proposal has been submitted and is undergoing review by governance (e.g. CAPP, CUC, CUSP) to become a permanent course. Include course number and title as proposed. _____
<input type="checkbox"/>	Other _____

Comparative Courses	
Are there similar courses in the department?	<input type="checkbox"/> No <input type="checkbox"/> Yes
Are there similar courses at Virginia Tech?	<input type="checkbox"/> No <input type="checkbox"/> Yes
Has the course been taught before as a Special Study?	<input type="checkbox"/> No <input type="checkbox"/> Yes
How many times has the course been taught?	_____
List semester(s) taught in department	_____
If this course has been taught two or more times, include an explanation of the circumstances that necessitate an exemption to policy.	

Required Signatures				
Instructor Signature	Printed Name	Last 4 of ID #	E-Mail (@vt.edu preferred)	Date
Department Head Signature	Printed Name		E-Mail (@vt.edu preferred)	Date
Undergraduate Assoc. Dean or Graduate School Dean/Assoc. Dean Signature	Printed Name		E-Mail (@vt.edu preferred)	Date