Office of the Registrar
McAuley Hall 205
100 Ochre Point Avenue
Newport, RI 02840-4192
Tel: 401-341-2943 * Fax: 401-341-2996

SPECIAL ENROLLMENT FORM

This form is required for all special enrollments including Directed Studies, Independent Studies, and Thesis.

Check One:

☐ **Directed Study**: *course listed in the University catalog offered to an individual student.*

☐ **Independent Study**: *course involving a specialized subject outside the University catalog.* ***GPA***_____

(Independent Study requires a minimum Cumulative GPA of 2.75)

☐ **Thesis**: *Graduate and Undergraduate Scholarly research and writing of a thesis (ADJ590, HUM590, or INR590, PELL450)*

Guidelines: In order to submit this form for approval, **a copy of a well-developed course syllabus detailing student learning outcomes and assessment points must be attached**. Undergraduate students are required to meet with the instructor for a minimum of 8 hours during the course of the semester.

All signatures are required prior to registering for the course. A Registration Form or Course Adjustment (Drop/Add) form must be submitted along with this completed, signed Special Enrollment form to the Office of the Registrar.

Year: _____ **Semester:** ☐ **Fall** ☐ **Spring** ☐ **Summer I** ☐ **Summer II**

Student Name: Last_____ First_____ MI_____

Student's Major: _____ **Minor(s)**: _____

Address: Campus Mailbox: _____ Campus Phone Extension: _____

Number & Street: _____ Apartment: _____

City:_____ State: _____ Zip: _____

Cell Phone:_____

DEPARTMENT in which special enrollment is being pursued: _____

Rationale for special enrollment:

_____

_____

Start Date:_____ **End Date**:_____

Course Code: _____ **Number of Credits**: _____

_____ _____ _____
Instructor Name (print) **Instructor Signature** **Date**

_____ _____
Department Chairperson Signature **Date**

_____ _____
Dean of Arts & Sciences / Dean of Professional Studies Signature **Date**

_____ _____
Student Signature **Date**