



REQUEST FOR 'TO-BE-ARRANGED' COURSE

(H courses numbered 401, 405, 406, 408, 409, 501, 505, 506, 508, 509, 601, 605, 606, 607, 608, 609, 613, 614

HDFS courses numbered 401, 403, 406, 501, 502, 505, 601, 602, 605, 606

KIN or NUTR courses numbered 199, 301, 305, 306, 401, 406, 501, 505, 506, 601, 605 and 606)

Special approval is **REQUIRED** for these courses; students must obtain **approval from the instructor and their advisor** prior to registering for the course. Instructors must be faculty members in the academic program in which the course is offered (e.g., KIN courses must be taught by Kinesiology faculty, H courses must be taught by faculty in one of the Public Health programs)

Please Note: In addition to completing this form, **you must register for the course after the approval override has been performed by office staff. After the 2nd week of classes, you must also submit the Petition for Late Change of Registration and pay additional fees.**

Name

OSU ID#

Date

Your **Program**

Class Standing (ex: Grad, Senior, etc.)

Local Address

Phone

Email

INSTRUCTIONS

- Confer with the course instructor when preparing the form. Verify that the instructor is a member of the program faculty for the course.
- List school/program, course number, course title and number of credits requested. (example: H505 – Reading and Conference, 2 credit hours)
- State purpose of the course in terms of student competencies to be achieved.
- Indicate completed courses and/or experiences that prepared student for the requested course.
- State number, frequency, and length of meetings with university professor
- List hours per week expected of student in reading, research projects, and/or other activities during the term. (Three credit hours require 9-12 hours per week of outside preparation for meetings with the professor.)
- List papers, projects, reports, and/or other products to be completed during the course.
- Indicate evaluative criteria for the course. (Oral or written examinations, research critiques, written assignments, and/or other requirements.)

TERM: FALL WINTER SPRING SUMMER YEAR _____

SUBJ/CRSE # CRN COURSE TITLE CREDIT HOURS

PREFERRED GRADING MODE: A-F P-N (May require creation of a new section)

PURPOSE:

APPROVE DISAPPROVE

COURSE INSTRUCTOR NAME

COURSE INSTRUCTOR SIGNATURE

DATE

ADVISOR NAME

ADVISOR SIGNATURE

DATE

STUDENTS: Return completed form to CPHHS.Scheduler@oregonstate.edu for registration approval.



1. Indicate completed courses and/or experiences that prepared the student for the requested course:

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2. List student competencies to be achieved in the course:

a.
b.
c.
d.

3. List meeting(s) with Course Instructor:

Number of meetings per week/term _____ Length of meetings in minutes _____

4. Indicated hours per week to be spent in preparation for meetings with professor (readings, research, projects, other activities):

a.	Hours per week	
b.	Hours per week	
c.	Hours per week	
d.	Hours per week	

5. List papers, projects, reports and/or other products to be completed during the course:

a.	d.
b.	e.
c.	f.

6. Specify evaluation process for course, i.e., oral or written examinations, critiques, assignments, and/or other requirements:

a.
b.
c.
d.