

**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, 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 2<sup>nd</sup> week of classes, you must also submit the Petition for Late Change of Registration and pay additional fees.**

Name	OSU ID#	Date
Your <b>Program</b>	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](mailto: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.