Keene State College
SPECIAL PERMISSION FORM
INDEPENDENT STUDY, PRACTICUM or KSC 270

Course Prefix (ex. MGT) **NUMBER** *[OFFICE USE ONLY]* **CREDITS**

COURSE TITLE
(30 character limit) _____ **TERM** _____

STUDENT NAME _____ **ID#** _____

COURSE OUTLINE: [Complete here or attach separate sheet with this information]

- OBJECTIVE/LEARNING OUTCOMES

- DESCRIPTION

- ASSIGNMENTS & EVALUATION CRITERIA – INCLUDING TIMELINE

Students' Name [Print]	*Student's Signature*	*Date*
Instructor's' Name [Print]	*Instructor's Signature*	*Date*
Department Chair/Coordinator[Print] *or Director of Continuing Ed in Summer ONLY*	*Department Chair/Coordinator Signature* *or Director of Continuing Ed in Summer ONLY*	*Date*
Dean's Name [Print}	*Dean's Signature*	*Date*

If at all possible Summer courses should be approved by the Department Chair during the Academic Year.
Please note: Dean's signature is only needed for Independent Studies.

Instructor's USNH ID# *Department FOAPAL* *Compensation*

Author should retain copies for instructor and student