|  |  |  |  |
| --- | --- | --- | --- |
| **Course Title** | **Choose One** | **Grading Method** | **Credits 1-4\*** |
| Independent Study(overall 3.0 GPA required) | Course # | Letter | # credits |
| Teaching AssistantFor course #Click here to enter text. | Course # | Letter | # credits |
| Research Assistant | Course # | Letter | # credits |
| Senior Capstone | Course # | Letter | # credits |



**Special Course Registration Form**

**Complete electronically and print for signatures.**

This completed form must be submitted to the Registrar’s Office before the add/drop deadline each term. Please Note:

* This form provides minimal guidelines. Check with the specific academic department for additional guidelines and requirements.
* A maximum of 12 credits of internships, field experiences, or assistantships may count toward a degree, except in Outdoor Education, which does not limit teaching experiences. See catalog for a complete description of special courses.

|  |  |
| --- | --- |
| Student NameEnter Name | Northland ID # 9 digit ID |
| Faculty AdvisorEnter Name | InstructorEnter Name |
| Course Prefix Choose Program | Study ProcedureChoose Type |
| TermChoose Term | Academic Year Choose Year |

**Time Spent on Course** (by student) Choose an item. **Course Fee:** Enter fee amount.

|  |
| --- |
| **Enter Course Description** (Include content and method, specify basic or advanced study): |
|  |
|  |
| **Enter Learning Goals:** |
|  |
|  |
| **Enter Evaluation Criteria:** |
|  |

**Date course begins:** Click here to enter a date. **Date course ends:** Click here to enter a date.

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Student Signature (Print Form to Sign) Date**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Instructor Signature (Northland College Faculty) Date**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Faculty Advisor Signature Date**

 **For Registrar’s Office Use Only**

Registered by \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Course created Dept. Course # Section Date Registered \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_