

Please check one:	
History 491: Foreign StudiesHistory 492: Off-Campus StudiesHistory 493: Independent Studies	
After form is filled out, signed and dated by all parties, retu Undergraduate Office for course creation. Copies will be s Student Name:	
Student I.D. #:	
Student E-Mail:	
I will take this course forcredit hours durin	g thesemester, 20
I understand this course will carry a letter grade.	•
The title/subject of this project/course is:	
Student Signature:	Date:
Professor Signature:	Date:
Print Professor Name:	

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