



A Special Study course should not be taught *more than twice* and then must be submitted through governance for permanent class status. Attach a syllabus for the proposed course.

\*A special study course must meet minimum undergraduate course enrollment standards.

Course Number:  2984  4984

Department: \_\_\_\_\_

Title: \_\_\_\_\_

Hours of Credit: \_\_\_\_\_ Semester and Year: \_\_\_\_\_

Grade Mode:  A/F  P/F  AUDIT Meeting Days and Time: \_\_\_\_\_

Anticipated Number of Students (Required\*): \_\_\_\_\_

**Justification of Course (select one, attach additional details and the course syllabus):**

- This course is being taught on a "test basis" before being submitted for consideration as a permanent course.
- This course meets a non-recurring need that is not addressed by existing courses.
- Course proposal has been submitted and is undergoing review by governance ( e.g. CAPP, CUC, CUSP) to become a permanent course.
- Other (please attach explanation)

Are there similar courses in the department?  NO  YES

Are there similar courses at Virginia Tech?  NO  YES

Has this course been taught before as a Special Study?  NO  YES

If yes, list number of times: \_\_\_\_\_ List semester(s) taught in department: \_\_\_\_\_

*If this course has been taught two or more times, attach an explanation of the circumstances that necessitate an exemption to policy.*

**Required Signatures**

\_\_\_\_\_  
INSTRUCTOR(S) signature                      printed name                      e-mail (@vt.edu, preferred)                      date

\_\_\_\_\_  
DEPARTMENT HEAD signature                      printed name                      e-mail (@vt.edu, preferred)                      date

\_\_\_\_\_  
ASSOC. DEAN COLLEGE signature                      printed name                      e-mail (@vt.edu, preferred)                      date

**Return your completed form to:**  
**Academic Programs Office**  
1060 Litton-Reaves Hall (0334)  
Blacksburg, VA 24061  
Fax: 540-231-6741