

A Course by Arrangement (CBYA) is requested by a student when a course in the Springfield College catalog is not offered during the current semester or session. The CBYA is subject to approval by the appropriate faculty member, department Chairperson, the student's advisor and the Dean of the School.

Name: (please print) _____

Signature: _____

Date: _____

Division: (circle one): UG / GR / PH SC ID Number: _____

I request approval to take the following course by arrangement:

(Prefix, Number and Title should reflect the appropriate course as listed in the catalog.)

Course Prefix: _____

Course Number: _____

Credit Hours: _____

Course Title: _____

During the (circle one): fall, intersession, spring, summer of _____.

The course was last offered in (circle one): fall, intersession, spring, summer of _____.

The course will next be offered in (circle one): fall, intersession, spring, summer of _____.

The reason(s) for the request to do this course by arrangement are: _____

Please attach a detailed plan describing the manner in which the objectives of the proposed course by arrangement will be satisfied. The plan must include the course objectives, a description of course assignments, the number of contact hours per week scheduled between the student and faculty member, and modes of assessment and grading factors.

Approvals

Instructor: (Print) _____

Advisor: (Print) _____

(Signature) _____ Date: _____

(Signature) _____ Date: _____

(Note to instructor: if this course by arrangement will involve the student attending a current course and the student should have access to that course via Moodle, please indicate the corresponding course and section number here _____)

Department Chair

School Dean

(Signature) _____ Date: _____

(Signature) _____ Date: _____

This form must contain all of the required approvals and be accompanied by the approved course plan prior to the course being added to the student's schedule.

This completed form must be returned to the Registrar's Office for processing. Copies of completed forms will be sent to affected departments.

For Registrar's office use only

Information updated by: _____ Date: _____

Additional notes: