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)___________________________________________ Date: __________________

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 __________________________. Year
The course was last offered in (circle one): fall, intersession, spring, summer of __________________________. Year
The course will next be offered in (circle one): fall, intersession, spring, summer of __________________________. Year

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)_________________________ Date: ____________________
(Signature)_________________________ (Signature)_________________________ Date: ____________________
(Advisor: (Print)_________________________)

(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 or Campus Director (PCS) 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:
_________________________________________________________________________________________
_________________________________________________________________________________________
_________________________________________________________________________________________
_________________________________________________________________________________________

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