



**CONTRACT FOR  
ADVANCED/SPECIAL TOPIC**  
Office of the Registrar

*This form is to be completed by the student and is subject to the eligibility guidelines outlined in the University Catalog. This form must be submitted and approved by the end of the first week of the semester.*

**ADVANCED/SPECIAL TOPIC:** An enrichment course in the major; outside of the present curriculum.

**Student Name:** \_\_\_\_\_ **Semester:** \_\_\_\_\_ **Year:** \_\_\_\_\_

**Instructor Name:** \_\_\_\_\_ **Semester Hours:** \_\_\_\_\_

| Course Subject | Number | Course Title |
|----------------|--------|--------------|
|----------------|--------|--------------|

**Eligibility Guidelines:**

1. Any Junior or Senior needing an Advanced/Special study in order to facilitate a program projection and who can demonstrate legitimate need may petition to take the course as an Advanced/Special Topic from a qualified faculty member.
2. This contract must have Departmental/School approval.
3. Only one course may be taken in this manner per semester with a total of two taken during your time at Malone.
4. Any deviation from this official policy must be appealed in writing to the Associate Provost.

**Rationale: (Describe the legitimate need for the student to take this course.)**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Syllabus: Please attach a complete syllabus including:**

- Statement of learning objectives
- Outline of topics
- Description of work expected (The student must maintain a time-log, certifying that s/he has engaged in 45 clock hours of academic effort—including time spent reading, writing, conferring, gathering data, etc.—for each semester hour of credit granted.)
- Listing of text(s) and course readings.
- Means of evaluation
- Schedule of faculty/student conferences (In a three-semester hour course, the student must meet for a minimum of fifteen one-hour individual conferences with the instructor in addition to the sessions devoted to testing and evaluation.)

**Signatures:**

Student: \_\_\_\_\_ Date: \_\_\_\_\_

Instructor: \_\_\_\_\_ Date: \_\_\_\_\_

Departmental Approval, Dean: \_\_\_\_\_ Date: \_\_\_\_\_

Return the completed form with attached syllabus to The Office of the Registrar for registration purposes.

**Office Use Only**

Student ID \_\_\_\_\_ Copy to Instructor \_\_\_\_\_ Copy to Student \_\_\_\_\_ Registered