

Department of Communication Studies  
Request for taking a class  
Outside the Department

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Course Number: \_\_\_\_\_

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

Instructor: \_\_\_\_\_ Graduate Faculty:  Yes  No

Rationale:

Please attach a copy of the syllabus for the course

Signatures:

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Graduate Coordinator

\_\_\_\_\_  
Date