

Nutrition & Dietetics

EASTERN ILLINOIS UNIVERSITY™

Special Course Form

Course Selection: _____

Last Name: _____ First Name: _____

E#: _____

EIU E-mail address: _____ Phone: _____

Semester and year requesting to be enrolled: _____

Total credits hours earned to date: _____

Number of credit hours to be earned for this course: _____

General area of study: _____

If other was selected above, type the general area of study below:

Describe the proposed experience and/or research (i.e., objectives, methods of implementation, evaluation procedures, and dissemination activities) in 300-500 words.

Student Signature

Faculty Advisor Signature (for this project)

Academic Advisor Signature

Once signatures are secured, the Academic Advisor will provide a copy to the Interim Director of Nutrition and Dietetics. You should keep a copy for your records.