



(To be completed by Office Staff)  
CRN: \_\_\_\_\_

Form updated 9/3/2019

(To be completed by the student and supervising faculty member)

Student Name: \_\_\_\_\_ Student ID #: \_\_\_\_\_

Student UNCC Email: \_\_\_\_\_ Department: \_\_\_\_\_

Supervising Instructor: \_\_\_\_\_

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

Credit Hours: \_\_\_\_\_ Term: \_\_\_\_\_

Scheduled Meeting Time(s): \_\_\_\_\_

Is this an Honors course? Yes No

Expected Student Learning Outcomes/Objectives:

Grading/Evaluation Criteria:

Assignments (readings, description of assignments, etc.):

\_\_\_\_\_  
Student Signature (Digital Signature) Date

\_\_\_\_\_  
Supervising Instructor Signature (Digital Signature) Date

\_\_\_\_\_  
GraduateCoordinator Signature Date  
*(Digital Signature, for graduate credit only)*

\_\_\_\_\_  
Department Chair Signature Date  
(Digital Signature)