



**VANGUARD
UNIVERSITY**

**Request for
CONFERENCE COURSE**

I.D.# _____ Phone# _____ Box# _____

Name: _____

Local Address: _____

(City) (State) (Zip)

Major: _____ Advisor _____

Fall ___ Spring ___ Summer I ___ II ___ III ___ ___ / ___ / ___
Date

For Office Use Only	
Date Received	___/___/___
GPA Cur:	_____ Cum: _____
Jr./Sr/Grad.	_____
Cum. Hours:	_____
Verified by:	_____

Conference Course: A conference course is a private offering of a listed catalog course to an upper division student who needs the course but for good reason cannot enroll for the course when it is regularly scheduled; offered by request of the student, with the concurrence of the instructor, and upon **payment of a fee-per-credit in addition to regular tuition.**

This application does not constitute registration for the course. The student must register for this course at the Office of the Registrar for the academic term in which the course is taken.

Course: _____
(Dept) (Number) (Title of Course) (Units of Credit)

The course above, for which I request permission for registration, is currently listed in the VUSC catalog on page _____.

Professor and Student *must* complete the following together:

- a. The required reading will be approximately _____ volumes of _____ pages total.
- b. The written work will be _____

- c. Additional laboratory work or projects will consist of _____

In the order listed, secure the following signatures:

Approved: _____
Signature of Instructor Printed Name of Instructor Date

Approved: _____
Signature of Department Chair, Dean, or Grad Program Director Date

Approved: _____
Signature of Registrar Date

Agreed to: _____
Signature of Student Date