



**Office of the Registrar**  
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## GRADUATE/ PROFESSIONAL STUDIES SPECIAL ENROLLMENT

- Guidelines: In order to submit this form for approval, a copy of a well-developed course syllabus detailing student learning outcomes and assessment points must be attached.
- Students are required to meet with the instructor for a minimum of 8 hours during the course of the semester.
- All signatures are required prior to registering for the course
- Submit this completed, signed Special Enrollment form to the Office of the Registrar by the Add/Drop Deadline.
- Include a Registration form if you are not registered for other courses this semester.

<b>Student Name:</b> _____	<b>Student ID:</b> _____	
<b>Semester:</b>		
<input type="checkbox"/> Fall Semester (15 wk)	<input type="checkbox"/> Fall Session I (7 wk)	<input type="checkbox"/> Fall Session II (7 wk)
<input type="checkbox"/> Spring Semester (15 wk)	<input type="checkbox"/> Spring Session I (7 wk)	<input type="checkbox"/> Spring Session II (7 wk)
<input type="checkbox"/> Summer Semester (15 wk)	<input type="checkbox"/> Summer Semester (10 wk)	
<input type="checkbox"/> Summer Session I (7 wk)	<input type="checkbox"/> Summer Session II (7 wk)	

<b>COURSE TYPE</b>
<input type="checkbox"/> <b>Directed Study:</b> course listed in the University catalog offered to an individual student.
<input type="checkbox"/> <b>Independent Study:</b> course involving a specialized subject outside the University catalog.
<input type="checkbox"/> <b>Thesis:</b> scholarly research and writing of a thesis (e.g. INR-590)

<b>COURSE INFORMATION</b>
<b>Course Code:</b> _____ <b>Number of Credits:</b> _____
<b>Course Title:</b> _____
<b>Rationale for Special Enrollment:</b> _____ _____ _____

<b>AUTHORIZATION</b>		
Instructor Name (Print)	Instructor Signature	Date
Program Director Name (Print)	Program Director Signature	Date
Dean of Graduate & Professional Studies Name (Print)	Dean of Graduate & Professional Studies Signature	Date
Student Name (Print)	Student Signature	Date