

UNIVERSITY OF NORTH★TEXAS™

R-53 - REQUEST FOR POSTING SPECIAL TITLE/TOPIC/SUBJECT

For use with an existing section

Please mark one (only):

- () Change Title/Subject for Entire Class * () Change Title/Subject for ONE Student Only**
- () Honors Course ***

201 _____

Term: () Fall () Summer Session:
 () Spring 3W1 8W1
 SUM 5W1
 10W 5W2

All information on this form is for this section:

Subject Abbreviation	Course Number	Section Number	Credit Hours

Title: _____
 (Please print) * For entire class, abbreviate course title with no more than 30 characters.

Student Information

Student's First & Last Name	Student ID #

* If requesting a course title substitution **for an entire class**, this form should be forwarded to the Registrar's Office: Schedule of Classes section, Room 147, Eagle Student Services Building. Fax: (940) 565-4463

** If requesting a course title substitution **for an individual student**, this form should be forwarded to the Registrar's Office: Student Records Department, Room 209, Eagle Student Services Building.

*** Signature from Honors College Dean required. Honors course notations and accompanying title updates should be sent to the Registrar's Office: Student Record Department, Room 209, Eagle Student Services Center.

A request for course title substitution should be sent within thirty (30) days of the succeeding semester.

Signature: _____
Instructor or Program Coordinator: Dr. Robert Akl, Undergraduate Dr. Bill Buckles, Graduate

Date: ____ / ____ / ____

Phone: _____

TOPIC PROPOSAL

Front & Back must be completed

CSCE 2900, 4890, 4940, 4950, 5900, 5910, 5934, 6900

A Grade of "I – Incomplete" for this course may only be given under special circumstances.

Instructions: 1) Complete the Topic Proposal side of this form. 2) Submit it to the instructor for approval. 3) Once approved complete the R53 form on the back. 4) Get Required Signatures. 5) Return the completed form to the Graduate Administrative Assistant **BEFORE** you register. 6) Register for the class. You will receive a copy of the completed form, a copy will be placed in your file and a copy will be forwarded to the Registrar's Office:

Student: _____ ID Number: _____ (Last Name, First Name)
Semester: _____ Student E Mail Address: _____
Course Number: _____ CSCE Section: _____ Credit Hours: _____ Completion Date: _____
Course Title: _____ Project Title: _____

Provide a brief description of the research topic

Requirements from instructor to complete Class:

Poster Presentation Report (Required for 5900, 5910, and 6900) Other (please detail below)

Are you taking any of the following along with this class this semester: **CSCE 2900, 4890, 4940, 4950, 5900, 5910, 5934, 6900**? If yes, Circle the number you are taking and provide a description of the topic subject.

Decision:

Approved Rejected Permission Number: _____ Date: _____

Decision: <input type="checkbox"/> Approved <input type="checkbox"/> Rejected Permission Number: _____ Date: _____
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Required Signatures:

Name of Instructor (Please Print): _____ Phone: _____

Signature of Instructor: _____ Date: _____

Advisor or Major Professor**: _____ Date: _____

Program Coordinator _____ Date: _____

Dr. Robert Akl, Undergraduate Dr. Bill Buckles, Graduate