



A Special Study course should not be taught more than twice. Following second offering as Special Study, it then must be submitted through Governance for permanent class status. The syllabus for the Special Study must be included with this form.

Course Number	<input type="checkbox"/> 0984	<input type="checkbox"/> 1984	<input type="checkbox"/> 2984	<input type="checkbox"/> 3984	<input type="checkbox"/> 4984	<input type="checkbox"/> 5984	<input type="checkbox"/> 6984	<input type="checkbox"/> 8984	<input type="checkbox"/> 9984
	AT	UG	UG	UG	UG	Grad	Grad	Vet Med	Med School
Department							Anticipated Number of Students		
Course Title	SS:	Instructional Method Code			Subject Code				
<i>Note: The title must start with a prefix of "SS:" and has a 30 total max character space limit including prefix and punctuation.</i>									
Term/Semester & Year If Summer, Part of Term Code	Meeting Days & Time			Credit Hours					
Grade Mode	<input type="checkbox"/> ALL (A-F, P/F, Audit)		OR	<input type="checkbox"/> A-F ONLY		OR	<input type="checkbox"/> P/F ONLY		
<i>Note: Grade mode selection applies to <u>all</u> students registered in the course.</i>									
Campus	<input type="checkbox"/> Blacksburg		OR	<input type="checkbox"/> Virtual		OR	<input type="checkbox"/> Off Campus		
<i>Note: Off Campus Special Study Requests must be submitted to the Graduate School in order to be added.</i>									
Is a general assignment classroom needed for this course?	<input type="checkbox"/> Yes		<input type="checkbox"/> No		If no, what is the location:				
If this course is taught with another course what is the CRN & course number?									
Does this course replace another CRN and its days/times/room?				<input type="checkbox"/> No		<input type="checkbox"/> Yes* (Note: CRN will be canceled)			
*If yes, please provide CRN, Days, Times, Room									
Justification of Course (Select ONLY ONE and attach the course syllabus)									
<input type="checkbox"/> This course is being taught on a "test basis" before being submitted for consideration as a permanent course.									
<input type="checkbox"/> This course meets a non-recurring need that is not addressed by existing courses.									
<input type="checkbox"/> Course proposal has been submitted and is undergoing review by Governance (UCC, CUSP, GCC, CGSP) to become a permanent course. Include course number and title as proposed. _____									
<input type="checkbox"/> Other _____									
Comparative Courses									
Are there similar courses in the department?					<input type="checkbox"/> No		<input type="checkbox"/> Yes		
Are there similar courses at Virginia Tech?					<input type="checkbox"/> No		<input type="checkbox"/> Yes		
Has the course been taught before as a Special Study?					<input type="checkbox"/> No		<input type="checkbox"/> Yes*		
*If yes, how many times has the course been taught (please list semesters taught).									
If this course has been taught two or more times, include an explanation of the circumstances that necessitate an exemption to policy.									
Required Signatures									
Instructor Signature									
Printed Name		Last 4 of ID#		E-Mail (@vt.edu preferred)			Date		
Department Head Signature									
Printed Name		E-Mail (@vt.edu preferred)			Date				
Undergraduate Associate Dean OR Graduate School Dean/Associate Dean Signature OR School of Medicine Dean									
Printed Name		E-Mail (@vt.edu preferred)			Date				