

**UNIVERSITY OF NORTH TEXAS**  
**Department of Information Science**

**STUDENT REQUEST FOR SPECIAL PROBLEM COURSE**  
**(4900, 5900, 6900)**

**To the Student:** Please complete this form and submit it to your proposal project before registration. Please note that faculty may not agree to supervise special problems outside of their expertise when an organization course would be appropriate. Students who do not receive approval for special problems will be blocked from registration. Please note that your advisor must approve this special problem course on your degree plan.

\_\_\_\_\_  
Date mm/dd/yyyy

\_\_\_\_\_  
Student ID (8 digit)

\_\_\_\_\_  
Last Name

\_\_\_\_\_  
First Name

\_\_\_\_\_  
Middle Name/Initial

\_\_\_\_\_  
Semester/Year

\_\_\_\_\_  
Course Number

\_\_\_\_\_  
Credit Hours

\_\_\_\_\_  
Faculty Supervisor

Proposed Topic:

Course Objectives:

Course Requirements:

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Students Signature

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Faculty Supervisors Signature

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Advisors Signature

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Department Head Signature