VARIABLE TITLE ASSIGNMENT FORM
SPECIAL PROBLEMS / TOPICS / SEMINARS

COLLEGE: _____

DEPARTMENT: _____

DATE: _____

Check One:

- ☐ **Summer**
- ☐ **Fall**
- ☐ **Spring**

Academic Year: _____

This course is:
(select category) _____

Course & Section	Credit Hours	Course Title (Limited to 28 total letters/spaces)	Student's EMPLID	Student's Name

Department Chair's Signature **Date**

Dean's Signature **Date**

Print Form