



Course(s) you wish to take - either by specific course number and title or by general area:

1) \_\_\_\_\_ 2) \_\_\_\_\_

3) \_\_\_\_\_ 4) \_\_\_\_\_

Your reason(s) for applying as a special student Please use additional paper if the space is not sufficient.

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**If you are taking a GTU course to be credited to a degree program at another institution, you must list the name and address of the school, and you must secure the signature of your Department Chair or Academic Dean.**

School name \_\_\_\_\_

Address \_\_\_\_\_  
Street City State Zip

Approval of your Department Chair or Academic Dean

\_\_\_\_\_  
Name (printed or typed) Signature Date

The signature above certifies that the applicant is enrolled in a graduate degree program at the above named institution and holds a baccalaureate degree from an accredited institution.

Approval of GTU Dean or representative

\_\_\_\_\_  
Signature Date