SEMESTER: ☐ Summer ☐ Fall ☐ Spring **YEAR:** 20 __ __

Last Name First Name Middle Initial

Student ID Number Last four digits of your Social Security Class Number

SPECIAL STUDIES/EXPERIMENTAL OFFERING in _____ Units Antcipated _____

Number of units completed in Special Studies/Experimental Offering in this Department _____ (3 units maximum in one department per semester)

Number of units enrolled this semester in Special Studies/Experimental Offering _____ (6 units maximum in one semester)

Number of units in Special Studies/Experimental Offering completed at SCC _____ (9 units maximum allowed toward graduation)

Approval: _____
Supervising Instructor Name - **printed**

_____ Date: _____
Supervising Instructor's Signature

_____ Date: _____
Division Dean's Signature

Application for special studies must be filed before the end of the eighth week of the semester (fall and spring) in which the study is to be completed.