

**GRADUATE SCHOOL  
TROY UNIVERSITY  
SPECIALIZED STUDY REQUEST**

SPECIALIZED STUDY FORM MUST BE COMPLETED PRIOR TO ENROLLMENT. A COPY OF THE SYLLABUS MUST BE ATTACHED.

**TO THE REGISTRAR:**

I hereby apply for enrollment in the following Graduate School Specialized Study Course:

Name: <input type="text"/>	Student ID #: <input type="text"/>
Term of Registration: <input type="text"/>	Hrs. Credit: <input type="text"/>
Department: <input type="text"/>	Course No: <input type="text"/>
Course Location: <input type="text"/>	
Previous Semester Hrs. completed of 6625 / 6626 / 6627: <input type="text"/>	

Total credit in 6625, 6626, 6627 (restricted to Graduate level) or 7725, 7726, 7727 (restricted Ed.S. or Sixth-year level programs) courses may not exceed six semester hours.

*designing the specialized study, identifying course requirements, exam dates, etc. A syllabus specifying all course requirements must be attached to this form.*

My major field is:

My area of specialization is:

I will be a candidate for the following degree:

Approved Special Study Topic:

_____ Student Signature	_____ Date	
Address: <input type="text"/>		
City: <input type="text"/>	State: <input type="text"/>	Zip: <input type="text"/>
Phone Number: <input type="text"/>	Email: <input type="text"/>	

Approved: _____ Instructor's Signature	_____ Date
Approved: _____ Adviser's Signature	_____ Date
Approved: _____ Department Chair / Dean's Signature	_____ Date
Approved: _____ Graduate School, Associate Dean / Dean's Signature	_____ Date