

**University of South Carolina Upstate
Non-scheduled Course Authorization**

Term _____ **Year** _____

Course:

Department _____ **Course number** _____ **Credit Hours** _____

This form is initiated by the academic department or faculty member to provide a student with the course content of an existing catalog course in a format that is not on the schedule open to all. The course number and title reflect the content that the student is taking.

Instructor's Name (print) _____

Instructor's Signature _____ **Date** _____

Reason for offering as a non-scheduled course:

Student (s) who will be enrolled in this course:

Name (Full Name)
First, Middle & Last Name

Student VIP ID

Approval:

Chair or Dean's signature _____ **Date** _____

Return the completed form to the records office for processing