UNIVERSITY OF NORTH★TEXAS™

R-53 - REQUEST FOR POSTING SPECIAL TITLE/TOPIC/SUBJECT
For use with an existing section

Please mark one (only):

(   ) Change Title/Subject for Entire Class *   (   ) Change Title/Subject for ONE Student Only**

(   ) Honors Course ***

201_____

Term: (   ) Fall   (   ) Summer Session:
         (   ) Spring   3W1   8W1
                           SUM   5W1
                           10W   5W2

All information on this form is for this section:

Subject Abbreviation	Course Number	Section Number	Credit Hours

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Title: _____

(Please print)   ***** For entire class, abbreviate course title with no more than 30 characters.

Student Information

Student's First & Last Name	Student ID #

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* If requesting a course title substitution **for an entire class**, this form should be forwarded to the Registrar's Office: Schedule of Classes section, Room 147, Eagle Student Services Building. Fax: (940) 565-4463

** If requesting a course title substitution **for an individual student**, this form should be forwarded to the Registrar's Office: Student Records Department, Room 209, Eagle Student Services Building.

*** Signature from Honors College Dean required. Honors course notations and accompanying title updates should be sent to the Registrar's Office: Student Record Department, Room 209, Eagle Student Services Center.

A request for course title substitution should be sent within thirty (30) days of the succeeding semester.

Signature: _____ Date: ____/____/_____
Instructor or Program Coordinator: Dr. Robert Renka, Undergraduate ∋ Dr. Robert Akl, Graduate

Phone: _____

TOPIC PROPOSAL
Front & Back must be completed

CSCE 2900, 4890, 4940, 4950, 5900, 5910, 5934, 6900

<mark>*A Grade of "I – Incomplete" for this course may only be given under special circumstances.*</mark>

Instructions: 1) Complete the Topic Proposal side of this form. 2) Submit it to the instructor for approval. 3) Once approved complete the R53 form on the back. 4) Get Required Signatures. 5) Return the completed form to the Graduate Administrative Assistant **BEFORE** you register. 6) Register for the class. You will receive a copy of the completed form, a copy will be placed in your file and a copy will be forwarded to the Registrar's Office:

Student: _____ **ID Number:** _____
   (Last Name, First Name)

Semester: _____   **Student E Mail Address:** _____

Course Number: _____   **CSCE Section:** _____   **Credit Hours:** ___   **Completion Date:** _____

Course Title: _____   **Project Title:** _____

Provide a brief description of the research topic

_____

_____

_____

Requirements from instructor to complete Class:

☐ **Poster Presentation**   ☐ **Report (Required for 5900, 5910, and 6900)**   ☐ **Other** *(please detail below)*

_____

_____

Are you taking any of the following along with this class this semester: CSCE 2900, 4890, 4940, 4950, 5900, 5910, 5934, 6900? *If yes, Circle the number you are taking and provide a description of the topic subject.*

_____

_____

Decision:
   ☐ Approved   ☐ Rejected   **Permission Number:** _____**Date:** _____

Required Signatures:

Name of Instructor (Please Print):_____Phone: _____

Signature of Instructor: _____ Date:_____

Advisor or Major Professor**:_____ Date:_____

Program Coordinator_____Date:_____

   Dr. Robert Renka, Undergraduate   ɘ   Dr. Robert Akl, Graduate

**Graduates Only H:\CSCE Stuff\Forms.Grad Student\R-53 form