

ASIAN_LC 399 APPLICATION

1. **Quarter & Year the 399 is proposed** • Fall • Winter • Spring _____ (year)

2. **Name** _____
(First) (Middle Initial) (Last)

3. **Student ID#** _____

4. **Major** _____

5. **Minor** _____

6. **Certificate** _____

7. **Title/Topic of proposed Asian_LC 399**

8. **Faculty Endorsement**

Faculty Name _____

Signature _____ Date _____

Student Signature _____ Date _____

Please attach a detailed description of the Asian_LC 399 course you propose, a syllabus indicating your course outline, and a detailed description of the manner in which you will be evaluated.

Student's Signature: _____ Date: _____

Instructor's Signature: _____ Date: _____

DEPARTMENT USE ONLY

Application received on _____/_____/_____ (MM/DD/YYYY)

Program Approval _____ Date _____

(For the Committee of Undergraduate Studies)