The Conference Course is to be utilized only when extraordinary circumstances are required in order for the student to meet degree requirements. The Department Chair may recommend a course substitution for a course requirement within the department curriculum in lieu of a conference course. The conference course:

- A) should **not** be used to bypass fundamental portions of the curriculum,
- B) should **not** be used to enhance the GPA,
- C) should **not** be used to repeat a previously failed course, or
- D) should **not** be used for the convenience of the student.

Procedure:

1. The student must be classified as a **senior** or a **junior** to enroll in a conference course.
2. The student’s advisor must approve the conference course only after **considering all other options**.
3. A conference course is permitted only if the following requirements are met:
   - a. A course deficiency is demonstrated upon examination of the student’s degree audit.
   - b. There are irreconcilable course scheduling conflicts.
   - c. There is no departmentally acceptable course substitute.
   - d. The course is not offered during the current academic year.
4. A specialized course syllabus, specific to the conference format, must be presented to the student in lieu of the regular syllabus. A copy of the syllabus **must be attached** to the application.
5. The advisor, instructor, department chair, and dean of the school must approve the application.

*Approval of the Vice President for Academic Affairs is required if any of the conditions are not met.*

6. A fee of $25 per semester hour will be assessed for the conference course in addition to tuition.

Name of Student ______________________________________________________
ID# ______________________________

Department / Course Number __________________________ Course Title __________________________________________

Credit Hours in this Application ________ Semester / Term ____________ Total Credit Hours for this Term _______
(Including hours in this application)

Conference Course Applies In (check one): ______ Major ______ Minor ______ Degree Core

Comments: _______________________________________________________________________________________________

Signatures (Signifying Approval):

Student __________________________________________ Date ____________
Advisor __________________________________________ Date ____________
Instructor of Course __________________________ Date ____________
Chair of Department Offering Course __________________________ Date ____________

**PERMISSION OF DEAN (Check One)**

- I verify that all criteria for taking the course are met. *(All criteria listed above have been checked.)*
- VP for Academic Affairs must approve this application. *(All criteria not met are clearly marked below.)*

Comments / Missing Criterion: __________________________________________
Signature/Dean of School Offering Course __________________________ Date ____________

Vice President for Academic Affairs (If Required) __________________________ Date ____________

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**REGISTRAR’S OFFICE USE ONLY**

Final Grade Awarded: ______ Instructor: __________________________ Recorded By: ____________