

Department of Technical Communication 5900

Special Problems Request Form

To be completed by student

Name: _____

ID # _____

UNT Email Address: _____

Phone: _____

Today's Date: _____

Semester: _____

****It is the student's responsibility to obtain faculty signature & return it to the Undergraduate Advisor for approval at least two weeks before UNT registration deadlines.**

To be completed by the faculty supervisor

Descriptive Course Title (e.g. New Media for Your College Career): _____

Credit Hours: _____

Course Description (include specific objectives for the course): _____

Faculty Signature: _____ Faculty Empl Id: _____

To be completed by the TC Graduate Advisor

Advisor Signature: _____ Date approved by advisor: _____

Comments: _____

To be completed by the TC Office

Course TECM 5900 Section: _____

Entered in EIS on: _____ Entered by: _____