

COURSE BY SPECIAL ARRANGEMENT (CBSA)

Office of the Registrar | 630-844-5462 | FAX 630-844-5463



Student's Name _____ Student's ID Number _____

Definition: A Course By Special Arrangement is a course, which is an approved part of the curriculum (listed in the University catalog), but does not happen to be scheduled for a given term. This petition allows a student to pursue the course on a tutorial basis with an Aurora University instructor. This petition is approved only when there are overwhelming reasons why a student cannot take this course during the term it is regularly scheduled. An additional fee is charged for a CBSA (see below).

INSTRUCTIONS

1. Student and Instructor complete sections I & 2. Syllabus reviewed & attached. Student signs form. Instructor initials, dates, & approves the form.
2. Instructor forwards the form to the Dept. Chair, Dept. Chair to Academic Dean, & Academic Dean to Administrative Dean for approval or denial.
3. If approved, the Registrar's Office registers the student for the CBSA. Additional tuition and fees apply.
4. Registrar's Office emails a copy of the form and attachments to the Student, Instructor, Student Accounts, and Admin. Asst. with approval or denial.

Section I (completed by Instructor)

Department/Course Number _____ Catalog Course Title _____ Semester Hours _____

Instructor for Course _____

FALL	SPRING	SUMMER
<input type="checkbox"/> FA/Fall 16-wk semester	<input type="checkbox"/> SP/Spring 16-wk semester	<input type="checkbox"/> SU/Summer 16-wk semester
<input type="checkbox"/> F1/Fall Mod I (1 st 8-wk term)	<input type="checkbox"/> S1/ Spring Mod I (1 st 8-wk term)	<input type="checkbox"/> R1/Summer Mod I (1 st 8-wk term)
<input type="checkbox"/> F2/Fall Mod II (2 nd 8-wk term)	<input type="checkbox"/> S2/ Spring Mod II (2 nd 8-wk term)	<input type="checkbox"/> R2/Summer Mod II (2 nd 8-wk term)
		<input type="checkbox"/> UM/Summer May (3-wk term)
		<input type="checkbox"/> US/Summer 10-wk term
		<input type="checkbox"/> U1/Summer Term I (1 st 5-wk term)
		<input type="checkbox"/> U2/ Summer Term II (2 nd 5-wk term)
Year: <input type="checkbox"/> 2019 <input type="checkbox"/> 2020 <input type="checkbox"/> 2021 <input type="checkbox"/> 2022 <input type="checkbox"/> 2023 <input type="checkbox"/> 2024 <input type="checkbox"/> 2025		

Instructional method for this course (see attached syllabus)

Evaluation method for this course:

Section II (completed by Student)

Is this course essential to your major and/or degree program? Yes No
 Why are you unable to register for this course when it is regularly offered?

I have discussed this course with the instructor and understand my responsibilities in completing the requirements. By my signature below, I understand that there is a \$130 fee per semester hour for a CBSA course in addition to the regular tuition charge and that this fee will be added to my bill during the term in which the course originated. My signature below authorizes the University to register me for this course.

Student Signature _____ Date: _____

Section III (approval section)

Choose One

INITIAL	DATE	APPROVED	DENIED	RESPONSIBLE AREA	REASON FOR DENIAL
				INSTRUCTOR	
				PROGRAM CHAIR	
				ACADEMIC DEAN/ EXEC DIRECTOR	
				ADMINISTRATIVE DEAN	

REGISTRAR'S OFFICE - IF APPROVED, REGISTERED FOR _____ EMAIL SENT