This form is for graduate students seeking to register for LCC Special Problems Course. Complete this form in consultation with the faculty member who will be responsible for assigning your grade. Bring the completed form to the Digital Media Graduate Office in TSRB 326A. You will automatically receive an email when your permit is entered and must still register for the course.

Student Name (Please print): _______________________________ GT ID Number: __________________

Email: ____________________________

Academic Term:  □ Fall  □ Spring  □ Summer  Year: 201___

Credit Hours: _______ Be sure to check credit hours for proper registration amount. This is a variable hour course and defaults to one hour of credit. You must change the hours in OSCAR to the proper credit total at the time you register. **NOTE:** Each credit hour must represent AT LEAST 50-60 hours of work by the student.

Attach Statement of Research Project Title (please print):

___________________________________________________________________________________

The statement of research should be two or three pages and should include the following:

☑ Problem Statement or Project Goals
☑ Solution Proposal or Approach
☑ Schedule of Work
☑ Expected Results or Outcome (Deliverables)

**Method of Evaluation (Required):** □ Term Paper  □ Examination  □ Article for Publication □ Demo

*The attached proposal was developed under the advisement of a faculty member and is a fair representation of the work I expect to accomplish to complete this project.*

Student’s Signature: ____________________________________________________________

**NOTE:** It is your responsibility to register for the course after the permit has been placed on the registration system

___________________________________________________________________________________

**Approvals:**

I agree to supervise this student in the performance of a special project during the specified term, and certify that the proposed work represents an appropriate effort for the credit hours awarded. **NOTE:** Each credit hour must represent AT LEAST 50-60 hours of work by the student.

Faculty Project Supervisor (please print):

___________________________________________________________________________________

Signature: ____________________________________________________________

Date: ____________________________________________________________

Title: ____________________________________________________________

Department: __________________________________________________

Email: ____________________________________________________________

Phone: ____________________________________________________________