

HUMBOLDT STATE UNIVERSITY

COURSE TITLE REQUEST

Date _____ HSU-ID # _____

Name _____ Phone _____
Last First Middle

IMPORTANT: Course title not to exceed 30 characters.

#1

Term Taken:	CRN:	Subject:	Course #:	Units:	Instructor Approval:	Dept. Approval (see reverse):
TITLE: <input type="text"/>						

#2

Term Taken:	CRN:	Subject:	Course #:	Units:	Instructor Approval:	Dept. Approval (see reverse):
TITLE: <input type="text"/>						

If you are enrolled in independent study (399, 499, or 699) or a field problems course(s) (495), and want the specific title(s) of your study or project posted to your academic record, provide title(s), **not to exceed 30 characters**, on the other side of this form. Obtain the **instructor's signature** to verify the title, and return it to the Academic Information & Referral Center, SBS 133. Titles will be posted at the end of the semester when a final grade is received.

To title courses, other than those listed above, signatures of the **instructor and department chair** are required.