



# Course by Arrangement Form Springfield College

Office of the Registrar  
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Springfield, MA 01109-3797  
Phone (413) 748-3530

A Course by Arrangement (CBYA) is requested by a student when a course in the Springfield College catalog is not offered during the current semester or session. The CBYA is subject to approval by the appropriate faculty member, department Chairperson, the student's advisor and the Dean of the School.

Name: (please print) \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Division: (circle one): UG / GR / PH SC ID Number: \_\_\_\_\_

I request approval to take the following course by arrangement:  
(Prefix, Number and Title should reflect the appropriate course as listed in the catalog.)

Course Prefix: \_\_\_\_\_ Course Number: \_\_\_\_\_

Course Title: \_\_\_\_\_

Credit Hours: \_\_\_\_\_

During the (circle one): fall, intersession, spring, summer of \_\_\_\_\_  
Year

The course was last offered in (circle one): fall, intersession, spring, summer of \_\_\_\_\_  
Year

The course will next be offered in (circle one): fall, intersession, spring, summer of \_\_\_\_\_  
Year

The reasons for the request to do this course by arrangement are: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*Please attach a detailed plan describing the manner in which the objectives of the proposed course by arrangement will be satisfied. The plan must include the course objectives, a description of course assignments, the number of contact hours per week scheduled between the student and faculty member, and modes of assessment and grading factors.*

### Approvals

Instructor: (Print) \_\_\_\_\_

Advisor: (Print) \_\_\_\_\_

(Signature) \_\_\_\_\_ Date: \_\_\_\_\_

(Signature) \_\_\_\_\_ Date: \_\_\_\_\_

Department Chair or

School Dean

Campus Director (SHS) \_\_\_\_\_

(Signature) \_\_\_\_\_ Date: \_\_\_\_\_

(Signature) \_\_\_\_\_ Date: \_\_\_\_\_

**This form must contain all of the required approvals and be accompanied by the approved course plan prior to the course being added to the student's schedule.**

(Office of the Registrar Use Only) Prefix \_\_\_\_\_ Number \_\_\_\_\_ Section \_\_\_\_\_

<b>Office of the Registrar Use Only</b>
PROCESSED BY: _____
DATE: _____