



READING COURSE PROPOSAL

FROM: Dean Rebekah Peeples
412 Morrison Hall

In conjunction with the supervising professor, please complete this application and return as soon as possible, and no later than the end of the first week of classes. Materials should be submitted to me or to Racheal Jones, 403 Morrison Hall or racheal.jones@princeton.edu.

Name \_\_\_\_\_ Class \_\_\_\_\_

Campus Address \_\_\_\_\_ Phone \_\_\_\_\_

E-mail \_\_\_\_\_ Major \_\_\_\_\_

Title of proposed Reading Course \_\_\_\_\_

Department \_\_\_\_\_

Name of Supervising Professor \_\_\_\_\_

Reason(s) for proposing the Reading Course:

Four horizontal lines for writing the reason(s) for proposing the reading course.

Check appropriate spaces below:

Grading: Regular \_\_\_\_\_ P/D/F \_\_\_\_\_ (check one)

Term: \_\_\_\_\_ Academic Year: \_\_\_\_\_

Does this course relate to your concentration? Yes \_\_\_\_\_ No \_\_\_\_\_

Would you like it to be considered as a departmental? Yes \_\_\_\_\_ No \_\_\_\_\_

Student's Signature \_\_\_\_\_

Date \_\_\_\_\_

PLEASE ATTACH SYLLABUS INCLUDING FINAL GRADE BREAKDOWN
APPLICATION DEADLINE - END OF FIRST WEEK OF CLASSES



TO: Supervising Professor

FROM: Dean Rebekah Peeples

SUBJECT: Reading Course

So that we may have a sense of the student's responsibilities in this reading course, please complete the information below and return both pages of the application form.

Please note that the requirements for a reading course concerning class meetings, tests, papers, and grading practices are expected to be essentially the same as for other regularly scheduled courses in the student's program of study.

1) Number of meetings per week \_\_\_\_\_
Number of hours each meeting \_\_\_\_\_

2) Number of papers \_\_\_\_\_ Due Dates \_\_\_\_\_
Number of exams \_\_\_\_\_ Dates \_\_\_\_\_

Note: No one assignment may count for more than 50% of the final grade and participation cannot exceed 30%

3) Other information:

Three horizontal lines for providing other information.

Approval of Supervising Professor Signature

Date

Approval of Supervising Professor's Department Chair Signature

Date

\*Signature of Department Director of Undergraduate Studies

Date

\*approval of student's request for course to fulfill a departmental in the student's concentration required, if applicable

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