READING COURSE PROPOSAL

FROM: Dean Rebekah Massengill
408 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 Stephanie Brown, 404 Morrison Hall or sb@princeton.edu.

Name ____________________________ Class ____________
Campus Address __________________________ Phone ____________
E-mail ____________________________ Major ____________________________
Title of Proposed Course ____________________________________
Department ____________________________
Name of Supervising Professor ____________________________

Reasons for Proposing the Reading Course:

Check appropriate spaces below:

Grading: Regular ________ P/D/F ________
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 Massengill  
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 to me.

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 _________________

3) Other information:

Approval of Supervising Professor  
Signature ________________________________________________

Approval of Supervising Professor’s  
Signature of Departmental Chair ______________________________

Approval of student’s request for  
course to fulfill a departmental in the  
student’s concentration -  
Signature of Department  
Representative (if Applicable) __________________________________

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APPLICATION DEADLINE – END OF FIRST WEEK OF CLASSES