ASIAN_LC 399 APPLICATION

1. **Quarter & Year the 399 is proposed** • Fall • Winter • Spring __________ (year)

2. **Name** ____________________________________________________________
   (First) (Middle Initial) (Last)

3. **Student ID#** ________________

4. **Major** __________________________

5. **Minor** __________________________

6. **Certificate** __________________________

7. **Title/Topic of proposed Asian_LC 399**

8. **Faculty Endorsement**

   Faculty Name _______________________________________________________

   Signature ________________________________ Date _________________

   Student Signature __________________________ Date _________________

Please attach a detailed description of the Asian_LC 399 course you propose, a syllabus indicating your course outline, and a detailed description of the manner in which you will be evaluated.

Student’s Signature:________________________ Date: ______________________

Instructor’s Signature:________________________ Date: ______________________

Department use only

Application received on _______/_____/_______ (MM/DD/YYYY)

Program Approval __________________________ Date__________________________

(For the Committee of Undergraduate Studies)