



Sam Houston State University

MEMBER THE TEXAS STATE UNIVERSITY SYSTEM

OFFICE OF THE REGISTRAR

SPECIAL TITLES FORM

Date: _____

Term & Year: _____

Department: _____

Contact Person: _____

Extension: _____

Email: _____

NOTE: DEADLINE FOR SPECIAL TITLES

Special Titles for an entire section of a course must be reported to the Registrar's Office during the term of course offering.

| Course Prefix & Number | Section Number | CRN # | Student's Name (Only needed for individual and not the entire course section) | Students Sam ID # | SPECIAL TITLE – CAN ONLY BE 30 CHARACTERS INCLUDING SPACES |
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Submit this form to schedule@shsu.edu for processing

Processed By

Date