Oklahoma State University Department of Theatre
Contract for 1500, 2500, 3400, 3500, 5000, 5400 and 5500
This form must be filled out prior to enrolling.
Special Topics Sections will not be opened until this form is filed in the office.

This agreement permits _______________________ (student) to enroll in:

☐ TH 1500 Run Crew Practicum (Lower Division)
☐ TH 2500 Production Crew Practicum
☐ TH 3400 Upper-Division Projects
☐ TH 3500 Theatre Practicum II (Upper Division Students)
☐ TH 5000 Masters Thesis and Research (Thesis Research Only)
☐ TH 5400 Seminar in Theatre
☐ TH 5500 Individual Theatre Projects

for _____ (one, two or three) credit hours (TH 2500, 3400, 3500, 5000, 5400 and 5000 only)
during the ____________ (fall, spring or summer) term of the ___________ Academic year.

Subtitle of Special Topic (3400 or 5400) _________________

Description of course:

Objectives:

Method of Project Evaluation: (Include required projects, papers, etc. required for receiving grade.)

Approvals:

___________________________________ (Student) ____________________ (Date)
___________________________________ (Instructor) __________________ (Date)
___________________________________ (Advisor) ____________________ (Date)
___________________________________ (Dept. Head) _________________ (Date)

___________________________________

Numbers will be provided after the course is approved.

Section Number ___________________       CID _____________________

Expires: _______________
Date: ___________       To: Office of the Registrar
Student Union
Stillwater, OK 74078

From: Andrew Kimbrough
Printed Name of School Official
Professor and Head of Theatre
Title of School Official

Signature of School Official

Re: Permission for Registration Exception

The following student ________________________________, __________________________
(Student name)                                                                       (CWID)
has my permission to enroll in the following courses(s), as long as total enrollment for the course does not exceed the classroom fire
code limits:

<table>
<thead>
<tr>
<th>CID Number</th>
<th>Prefix</th>
<th>Course Number</th>
<th>Section</th>
<th># Credit Hours</th>
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This permission applies to enrollment for the __________________ (fall, spring or summer) ___________ (year) term due to an exception of the
following restrictions (check all that apply below and ensure appropriate signatures are included for each):

☐ Closed/full class (requires department head signature; Dean of Honors College for honors sections)
☐ Department permission required (requires department head signature)
☐ Override prerequisite/co-requisite (requires instructor or advisor signature; provide rationale below)
☐ Instructor permission required (requires instructor signature)
☐ Class time conflict (requires permission from instructors of both courses involved in time conflict)
☐ Remediation exception for entry-level classes (requires advisor signature; attach proof of enrollment in remedial or college-level course at another
institution or passing COMPASS score)

☐ Other ____________________________________________________________________________________

Rationale/Comments
__________________________________________________________________________________________

If you have any questions, please contact ____________________________________ at 405-744-__________

__________________________________________  ___________________________
Student Signature                                                             Date

____________________________________________________________   _______________________________________
Advisor Signature (required after nonrestrictive drop/add deadline)                    Date

____________________________________________________________   _______________________________________
Instructor #1 Signature (If needed)                      Date

____________________________________________________________   _______________________________________
Instructor #2 Signature (If needed)                                                                                                       Date

____________________________________________________________                                    _______________________________________
Dean of Honors College (If needed)                      Date

Registrar Use ONLY

Total Hours After Change: ____________ Initials: ____________ Date: ____________
Remediation: Screen 210, Test ID=REMED
RENG=8888, RMTH=8888, etc. according to subject