Portland State UNIVERSITY

Office of the Registrar
Neuberger Hall, Room 104
P.O. Box 751
Portland, OR 97207-0751
503-725-3220 Phone
503-725-5525 Fax
registrar@pdx.edu

By Arrangement Request

Student: Make arrangements and obtain approval during the priority registration period.

Routing: Instructor forwards to Department Chair who submits form to Registration office via email.

Registration office: Process form within 10 days, adding course to the student's registration. Once the course is added, charges are applied to the student's account. Students may view the new billing statement at banweb.pdx.edu.

If there are registration holds on the student's account, the course will not be added until the holds have been removed.

Office Use Only:

Initials: _____

Date: _____

Term/Year: _____ Day Phone: _____ Student ID: | | | | | | | | | |

Last Name _____ First _____ Middle _____ Other _____

Student Signature _____ Date: _____

Subject	Course Number	Registrar's use only

COURSE TITLE—This will be the academic record entry.
- Select title abbreviation below.
- Please print, use caps; limit is 20 characters.
- Sample: PRAC: FAMILY THERAPY

COURSE TITLE (limited to 20 characters)

P R A C : F A M I L Y T H E R A P Y

Credits

Grade Method
- ❑ Graded
- ❑ Pass/No Pass
- ❑ Research (B) 501,601, 506, 606
- ❑ Thesis/Dissertation (C) 503, 603

Use for Summer Term: _____ BEGIN WEEK _____ END WEEK

Instructional Method: ❑ In-Person ❑ Fully Online ❑ Hybrid

Community Based Learning? ❑ Yes ❑ No

College/School: _____

Course Description: _____

_____

_____

_____

PLEASE USE THESE COURSE NUMBERS:

Course Number*	Use	Official Title
199/299/399	SPST:	Special Studies
401/501/601	RES:	Research
402/502/602	IS:	Independent Study
403/503/603	THESIS:	Thesis
404/504/604	COOP ED:	Cooperative Ed
or	INTERN:	Internship
405/505/605	R&C:	Reading & Conference
406/506/606	PROJ:	Projects
407/507/607	SEM:	Seminar
408/508/608	WKSP:	Workshop
409/509/609	PRAC:	Practicum
410/510/610	TOP:	Topics

* Not all course numbers are approved for all departments; see Catalog/Bulletin.

Instructor Signature: _____

Department Chairperson Signature: _____

Dean Signature (when required by school/college): _____

Instructor ID	Instructor Name (print please)