



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: 

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Last Name \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_ Other \_\_\_\_\_

Student Signature \_\_\_\_\_ Date: \_\_\_\_\_

Subject			

Course Number			

Registrar's use only

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: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**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

### 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)