



SPECIAL TITLES FOR SPECIAL TOPICS COURSES

DEPARTMENT _____

SEMESTER _____

YEAR _____

COURSE RUBRIC _____

COURSE # _____

SECTION # _____

COURSE HRS _____

(2-4 LTR ABBREVIATION)

REGULAR CATALOG TITLE _____

UNABBREVIATED SPECIAL TOPICS TITLE _____

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20

ABBREVIATED SPECIAL TOPICS TITLE (20 CHARACTER SPACE LIMIT)

Person Making Request: _____

Phone Number: _____

Email: _____

Please return, fax, or email form to:

Tamra Johnson

tjohn81@lsu.edu

Office of the University Registrar

112 Thomas Boyd Hall

Phone- 225.578.2090

Fax- 225.578.5991