

# 4900 - SPECIAL PROJECT COURSE ENROLLMENT FORM

Office of the Registrar/Student Services  
Fax (403) 556-4705 [www.oldscollege.ca](http://www.oldscollege.ca)



## GENERAL INFORMATION

- This application applies to learners in **Diploma or Certificate** courses requesting enrollment in a 4900 Special Project course.
- A learner may request and/or initiate a Special Project course with their Program Coordinator, to be approved by their Program Chair.

## COORDINATOR INFORMATION

- 4900 Special Project Course Enrollment Form must be completed, duly authorized, and forwarded to:

**Scheduling Administrator  
Student Services – 824 LRC**

- A course outline with particular emphasis on objectives, evaluation procedures, and assigned credits of the 4900 Special Project course must be attached to this Enrollment Form.
- Grade Rosters will be provided to the Instructor electronically. Upon completion of the Special Project course, a grade is to be assigned and forwarded to:

**Student Services/Office of the Registrar  
822B LRC**

## OFFICE USE ONLY

Date Created: \_\_\_\_\_

CRN # Assigned: \_\_\_\_\_

Created By: \_\_\_\_\_

Grade Roster Sent: \_\_\_\_\_

Grade Entered By: \_\_\_\_\_

## SPECIAL PROJECT COURSE INFORMATION (to be completed by Program Coordinator)

Course Number / Course Name  
\_\_\_\_\_ **4900** \_\_\_\_\_

Course Start Date \_\_\_\_\_

Course End Date \_\_\_\_\_

### Rationale for Special Project

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### Special Conditions of Enrollment

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Evaluator (Instructor Name) Please Print.

\_\_\_\_\_

Instructor Signature \_\_\_\_\_ Date \_\_\_\_\_

Coordinator Signature \_\_\_\_\_ Date \_\_\_\_\_

Chair Signature \_\_\_\_\_ Date \_\_\_\_\_

## PERSONAL DATA (to be completed by student)

Olds College ID number

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Surname (legal)

\_\_\_\_\_

First and Middle name(s)

\_\_\_\_\_

I agree to the special conditions of enrolment outlined above:

Sign \_\_\_\_\_ Date \_\_\_\_\_

This information is collected under the authority of the Freedom of Information and Protection of Privacy Act. Public inquiries regarding the collection, use and disclosure of personal information provided on this form should be directed to the FOIP Coordinator, Olds College at 4500 – 50 Street, Olds, AB T4H 1R6.