



COURSE CONTENT RECORD
Office of the Registrar

Student Name: _____ WT ID or SSN _____

Course Taken: _____
Dept Number Section title credit hrs semester/year

Complete either or both sections below:

PURPOSE: To provide a description of course content for directed study courses.
To be completed by instructor.

Description of Study: _____

Is this course to be substituted for another course? No Yes

If Yes, which course (course/number)? _____

Instructor (please print) _____ Signature/Date _____

FORM WILL BE RETAINED IN STUDENT'S ACADEMIC FILE FOR FUTURE REFERENCES TO DESCRIPTION OF STUDY.

PURPOSE: To provide a subtitle for notation on WTAMU transcript.
To be completed by department.

Subtitle: (Limit 60 spaces per two lines; 30 spaces maximum for each line)

Line One (30 spaces only): _____

Line Two (30 spaces only): _____

Dept. Head (please print) _____ Signature/Date _____

Dean (please print) _____ Signature/Date _____

NOTE: To have subtitle listed on the student's transcript, this form must be received in the Registrar's Office by **mid-term of the semester the course is taken.**

To be completed by Registrar's Office.

Received: _____ Subtitles entered: _____