

This form must be completed before processing at the Registration Center.

NAME _____ STUDENT ID NO. _____
Last First Middle

SEMESTER _____ MAJOR _____
Name of program/Major code

I request that I be allowed to register for Directed Study in the course indicated below:

COURSE INFORMATION

CRN	PREFIX	COURSE NO.	SECTION	COURSE TITLE	CREDITS
_____	_____	_____	_____	_____	_____

Description of Course Content _____

STUDENT SIGNATURE _____ DATE _____

APPROVED BY

Academic Adviser _____ Date _____

Instructor _____ Date _____

Head of Unit Offering Course _____ Date _____

DISTRIBUTION

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Florida Institute of Technology ■ Office of the Registrar

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RGR-115-711