



REQUEST FOR DIRECTED STUDY COURSE

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

NAME Last First Middle DATE STUDENT ID NO. 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

Table with columns: CRN, PREFIX, COURSE NO., SECTION, COURSE TITLE, CREDITS

Description of Course Content (may be catalog course description)

Large empty box for course description

STUDENT SIGNATURE DATE

APPROVED BY

Academic Advisor Date

Print name

Instructor Date

Print name

Head of Unit Offering Course Date

Print name

OFFICE USE ONLY

Processed by Date

DISTRIBUTION Original - Registrar Copy - Academic Unit Copy - Student