



REQUEST FOR DIRECTED STUDY COURSE

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

DATE _____

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

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

Description of Course Content (may be catalog course description)

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 _____

FLORIDA'S STEM UNIVERSITY®