



Directed Study / Independent Study

Student's Last name:

Student's First Name:

Student ID #:

Registration Term:

Today's Date:

Course Code:

Course Number : _____ (Example: SOCY 201)

Title of Course:

Please attach syllabus to this form.

Please provide a brief explanation for why the directed study/independent study needs to be taught.

Student's Signature: **X** _____ Date:

Instructor's Signature: **X** _____ Date:

Advisor's Signature: **X** _____ Date:

Chair's Signature: **X** _____ Date:

Dean's Signature: **X** _____ Date:

Registrar's Office: Date Processed: