

PLEASE
PRINT OR TYPE

Office of the Registrar
DIRECTED STUDY — GRADUATE SCHOOL
(This form must be completed and
submitted at time of registration)

Circle Session: FA1 FA2 SP1 SP2 SS
Year: _____

I. Student Number _____

Name _____ / Campus _____

Instructor _____ / Social Security Number
of Instructor _____

Dept. & Course No. _____ Credit Hours _____

Title of Study _____

II. Proposed Plan of Study (this should include method of evaluation):

III. Signatures:

Student Date

Instructor Date

Director Date

Graduate School Administrator Date