

DIRECTED STUDY REQUEST



Please Print.

Student Name: _____ Student ID: _____

Last name First Name Middle Name

Classification: Freshman Sophomore Junior Senior Other

Major: _____ Cumulative GPA: _____

Registration Information for Directed Study Course:

Semester: Fall Spring Mini-Term Sum Session I Sum Session II Year: _____

Flex Module - Fall S1 Fall S2 Spring S1 Spring S2 Summer S1 Summer S2 Year: _____

Course Number: _____ Course Title: _____

Instructor: _____ Credit Hours: _____

Reason for Requesting Course as a Directed Study: _____

List any courses taken as a directed study previously: _____

Instructor's Signature: _____ Date: _____

Student's Signature: _____ Date: _____

Mentor's Signature: _____ Date: _____

Business Office Signature: _____ Date: _____

Vice-President for
Academic Affairs' Signature: _____ Date: _____