

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

CRN	PREFIX	COURSE NO.	SECTION	COURSE TITLE	CREDITS
_____	_____	_____	_____	_____	_____

Description of Course Content (*may be catalog 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 \_\_\_\_\_

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