

Semester _____ Major _____

Name _____ Student ID Number _____
(PLEASE PRINT) Last First

I request that I be allowed to register for Directed Study in:

CRN	PREFIX – COURSE NO. – SECTION	CREDIT HOURS
_____	_____ - _____ - _____	_____

Course Title _____

Description of Course Content _____

Student Signature _____ Date _____

APPROVED BY

_____	_____	_____
<i>Academic Adviser</i>	<i>Instructor</i>	<i>Head of Academic Unit Offering the Course</i>
	<i>Date</i>	<i>Date</i>

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Yellow – Academic Unit, Pink – Student

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