



DIRECTED STUDY AGREEMENT

The Directed Study must cover material comparable to that included in a regularly schedule offering of the course. Please attach a copy of the course syllabus.

NAME: _____
 LAST FIRST MIDDLE

SONISID: _____ DAYTIME PHONE # _____

SEMESTER OF STUDY: Fall Spring Summer YEAR: _____

COURSE ID: _____ SEMESTER HOURS: _____

COURSE TITLE: _____

I. Reason for taking this course as a Directed Study:

II. Description/Method of the Study:

III. Additional Information or Special Arrangements:

REQUIRED SIGNATURES:

Student: _____ Date: _____

Advisor: _____ Date: _____

Instructor: _____ Date: _____

Division Chair: _____ Date: _____

Provost: _____ Date: _____

Records Office: _____ Date: _____