Student’s Name: ______________________
Banner ID: ______________________
Access ID: ______________________
Course Number: ME__________ Number of Credits: ________
Semester: ______________ Year: ______________

Description of Study (Discuss with instructor BEFORE defining nature, scope, and significance.):

Grade Determination (Check all that apply, giving appropriate comments.):
  [ ] Written Report  [ ] Written Examination  [ ] Intensive Oral Communication

Comments: ________________________________________________________________

Instructor’s Approval: I approve the above Directed Study and can give the necessary time to direct the work.

Instructor’s Name (PRINT): ______________________________________________________

Instructor’s Signature: ______________________________ Date: ______________

Student’s Name: ______________________ Date: ______________

Dept. Chair’s Signature: ______________________ Date: ______________