

PETITION AND AUTHORIZATION FOR DIRECTED STUDY

(For Master's Students ONLY)

This form must be legibly completed, approved, and signed by your adviser and department chairperson.
After the authorization has been signed, copies will be sent to you, if required.

STUDENT PETITION TO ADVISER

Date: _____ Student's Name: _____ PID#: _____

Address: _____ City: _____ Zip: _____

Requests permission to register in _____ for _____ hours of
credit to be earned through Directed Study for the term ending _____ Study
to be completed by _____. Credit hours already earned in this course _____, Maximum _____.

DESCRIPTION OF STUDY

(Discuss with adviser **BEFORE** defining nature, scope and significance. Attach additional sheet, if necessary)

Grade Determination: (Check all that apply, giving appropriate comments)

- Written Report
- Written Examination
- Oral Examination

Comments:

INSTRUCTOR APPROVAL:

I approve the above directed study and can give the necessary time to direct the work.

Instructor Signature: _____ Date: _____

DEPARTMENTAL APPROVAL:

Graduate Program Officer Signature: _____ Date: _____