

DIRECTED STUDIES REQUEST FORM

This form must be approved and filed in the office of the appropriate dean prior to registration.

I. Summary Description

- A. Academic division \_\_\_\_\_
- B. Academic department \_\_\_\_\_
- C. Subject/Course number \_\_\_\_\_
- D. Semester and year \_\_\_\_\_
- E. Faculty member \_\_\_\_\_
- F. Student \_\_\_\_\_
- G. Student's UHD ID (900 #) \_\_\_\_\_
- H. Project/course completion date \_\_\_\_\_
- I. Project/course title \_\_\_\_\_

II. Project/Course Outline--An outline of the proposed course must be attached to this request form. When applicable, the outline must include the title of the project, description of the project, list of course materials and/or books, meeting times, methods of evaluation, and specific assignments which the student must complete.

III. Approval

_____	_____
Student	Date
_____	_____
Faculty Member	Date
_____	_____
Department Chair (or Program Director)	Date
_____	_____
Dean	Date