

## **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	Γ	MIDDLE
SONISID:		DAYTIME PHONE #		
SEMESTER OF STUDY:	Fall	Spring	Summer	YEAR:
COURSE ID:	URSE ID:		SEMESTER HOURS:	
COURSE TITLE:				
I. Reason for taking this cour	se as a Dire	cted Study:		
II. Description/Method of the	•			
III. Additional Information or	Special Arra	ngements:		
REQUIRED SIGNATURES:				
Student:				Date:
Advisor:				Date:
Instructor:				_ Date:
Division Chair:				_ Date:
Provost:				Date:
Records Office:				Date: