PROPOSAL FOR GRADUATE DIRECTED STUDY

ACC 7995 FIN 7995 GSC 7995 ISM 7995 MGT 7995 MKT 7995

Proposal must be completed under the direction of and with the approval of the full-time faculty member supervising the directed study and the Chairperson of the department. An override to register for the directed study will be processed when all the procedures are completed.

NAME (TYPE OR PRINT CLEARLY): _______________________________________________________________
STUDENT IDENTIFICATION NUMBER: ____________________________________________________________
CURRENT ADDRESS: _________________________________________________________________________
________________________________________________________________ZIP CODE: __________________
CURRENT TELEPHONE NUMBER: _______________________________________________________________
EMAIL ADDRESS: ____________________________________________________________________________
TERM: FALL _____ WINTER ______ SPRING/SUMMER ______ YEAR: _______________
CURRENT GPA: ___________     PROGRAM or MAJOR: _____________________________

I request permission to register in the above indicated course for _____ hours of credit to be earned through directed study for the term indicated above. This directed study will be completed no later than _________________.

SIGNATURE: ___________________________ DATE: __________________

DESCRIPTION OF STUDY:

Attach a copy of project outline to this proposal.

APPROVALS: I, ____________________________, approve the above directed study and I can give the necessary time to supervise and grade the work of this student.

FACULTY SIGNATURE: ___________________________ DATE: __________________
DEPARTMENT CHAIR: ___________________________ DATE: __________________

REGISTRATION APPROVAL: The override to register for this course is authorized by ___________________________ Date: ________________