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: ________________