



Mike Ilitch School of Business

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: