



PROPOSAL FOR GRADUATE DIRECTED STUDY

ACC 7995 EI 7850 FIN 7995 GSC 7995 ISM 7995 MGT 7995 MKT 7995

The 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: _____