



**Mike Ilitch  
School of Business**

**PROPOSAL FOR UNDERGRADUATE DIRECTED STUDY**

ACC 5990    GSC 4990    FIN 4990    ISM 4990    MGT 4990    MKT 4990

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: \_\_\_\_\_  
ZIPCODE: \_\_\_\_\_  
CURRENT TELEPHONE NUMBER: \_\_\_\_\_  
EMAIL ADDRESS: \_\_\_\_\_  
TERM: FALL \_\_\_\_\_ WINTER \_\_\_\_\_ SPRING/SUMMER \_\_\_\_\_ YEAR: \_\_\_\_\_  
CURRENT GPA: \_\_\_\_\_ 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'S SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**DEPARTMENT CHAIR:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**REGISTRATION APPROVAL:**

The override to register for this course is authorized by \_\_\_\_\_ Date: \_\_\_\_\_