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: ______________