



GRADUATE SCHOOL

COURSE FOR DIRECTED STUDY CREDIT APPROVAL FORM

THIS FORM MUST BE SIGNED BY YOUR DEPARTMENT DIRECTOR BEFORE YOU ATTEND THE CLASS FOR DIRECTED STUDY CREDIT

Student Name Last First Middle

ID# Phone # ()

Major EMAIL

REASON FOR REQUESTING THIS CLASS FOR DIRECTED STUDY CREDIT (MUST BE FILLED OUT BY GRADUATE DEPARTMENT DIRECTOR WITH STUDENT)

Table with 4 columns: SEMESTER/YEAR, COURSE #, COURSE TITLE, Course Fee

SEMESTER/YEAR COURSE # COURSE TITLE

'With Director approval, graduate students may take a course for Directed Study credit. The content of the course may be requested by the student, or may be required/recommended to the student by their Director to strengthen an area not addressed in the graduate course offerings.

The graduate student is subject to the same in-class requirements and course fees as all other enrolled students, and must do all assignments required as part of the course. The graduate student receives the amount of attention granted to other students in the class, but should not expect the instructor of the class to give him/her extra time outside of class to discuss his/her graduate work.' (Grad. Stud. Handbook 2004 p 12)

I HAVE READ AND AGREE TO ABIDE BY THE ABOVE

Student Signature:

I HAVE OBTAINED APPROVAL FROM THE DEPARTMENT DIRECTOR (WHERE APPLICABLE) FOR THIS STUDENT TO ATTEND THE ABOVE CLASS FOR DIRECTED STUDY CREDIT

Graduate Department Director Signature:

DATE:

I WILL ALLOW THE ABOVE STUDENT TO ATTEND MY CLASS FOR DIRECTED STUDY CREDIT. (May be signed by the Department Director on behalf of the instructor)

Instructor Signature:

Instructor Email:

RETURN THIS FORM TO YOUR GRADUATE ACADEMIC ADVISOR, GRADUATE SCHOOL, 2ND FLOOR, 79NM

Table with 6 columns: Received, Processed, 800 Section, and three empty cells