



GRADUATE SCHOOL

ONE-ON-ONE ADVISEMENT
DIRECTED STUDY ADVISOR APPROVAL FORM

Student Name Last First

ID Number

Phone Number

E-mail

Major/Concentration

Directed Study Units 3

Each additional 3 units REQUIRES another DS form

Semester/Year

GOALS (Must be completed by student and advisor)

Student Signature Date

Student must complete all of the above.

Directed Study Advisor Name

Please print full name

Phone Number E-mail

Address:

Street, City, State Zip code

Check here if you have NOT previously worked for the Academy

Directed Study Advisor Signature Date

Student must obtain the above information/signature of their advisor and obtain their Director's signature below for approval.

Graduate Director must approve before a student can begin working with their Directed Study Advisor.

Graduate Department Director Signature Date

Office Use Only

800

Course #

Received: Processed:

RETURN THIS FORM TO THE DIRECTED STUDY COORDINATOR, GRADUATE SCHOOL, 2ND FLOOR, 79NM