



# Directed Study Form

- Student:** The information below is to be completed by the student and submitted to the instructor. The student will be contacted by email once this form has been processed.
- Instructor:** Please enter the **Title of Proposed Study** and **Description** information (the title will appear on the student's transcript). Submit this form to the Records Office.
- Records Office:** Notify student via email once CRN has been created. Student may register via Self-Service with an override. This must be completed **before the last day to add**.

## STUDENT INFORMATION

|           |            |           |               |
|-----------|------------|-----------|---------------|
| Last Name | First Name | ID Number | Email Address |
|-----------|------------|-----------|---------------|

## COURSE INFORMATION

|  |               |         |       |      |      |
|--|---------------|---------|-------|------|------|
| Title of Proposed Study <i>(will appear on student transcript)</i> |               |         |       |      |      |
| Subject  | Course Number | Section | Units | Term | Year |

Description of Proposed Study:

|                          |             |
|--------------------------|-------------|
| <b>STUDENT SIGNATURE</b> | <b>DATE</b> |
|--------------------------|-------------|

|                                       |                             |             |
|---------------------------------------|-----------------------------|-------------|
| <b>INSTRUCTOR NAME (PLEASE PRINT)</b> | <b>INSTRUCTOR SIGNATURE</b> | <b>DATE</b> |
|---------------------------------------|-----------------------------|-------------|

|  |             |
|--|-------------|
| <b>CHAIRPERSON SIGNATURE (IF REQUIRED)</b> | <b>DATE</b> |
|--|-------------|