Rev.1/20/15

Directed Studies Authorization Application
Department of Sociology, Anthropology and Social Work
(RESTRICTED COURSE)

Student's Name _____ Student # J00_____

Student's E-mail Address_____ _____Student's Phone_____

Student's Major's _____ _____Semester _____

Subject & Course # _____ Section (s) #_____ CRN(s)#_____

Credit Hours: Undergraduate _____ Graduate _____

Professor _____

Reading Assignments and/or Description or Activities _____

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Other Requirements (Note: These must be specified if for graduate credit.)_____

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I request permission to take the course(s) specified above. I understand that it is my responsibility to consult promptly and frequently with my faculty director and to insure all necessary work is completed on time.

_____ _____

Date Student's Signature

I agree to direct this student's work and assign an appropriate grade at the conclusion of the course.

_____ _____

Date Faculty Member's Signature

Approved by: _____ Date _____

Department Chair

Rev. 7/28/10