Directed Individual Study Registration

Permission is granted for the below named student to enroll in the Directed Individual Study listed below.
This form must be processed in the Registrar's Office by the last day to register.

Student's Last Name | First | Middle | College/School | Major | Class | "ID" Number

Course: | | | | **Hours Credit:** _____

Symbol | Number

Term: _____ **Student Signature:** _____

Title: | | | | | | | | | | | | | | | | | | | | | | | | | | | |

Maximum 30 characters including spaces (Please type or print)

Department: _____ **Approved:** _____

Signature of Instructor

Instructor Name: _____ **Instructor ID:** _____

Please type or print | Required

Date: _____