

Directed Study Agreement Form

Student Name: _____

U Number: _____

Instructor Name: _____

Credit Hours: _____

Semester/Year: _____

Completion Date: _____

Fulfills following requirement: (elective) _____
which one?

(CP required course) _____
which one?

(MP required course) _____
which one?

(Other) _____
which one?

I hereby agree to complete this Directed Study.

(Student Signature and Date)

(Instructor Signature and Date)

COMPLETE FORM AND RETURN TO THE REGISTRAR'S OFFICE

OFFICE USE ONLY

Assigned Course Number: _____

Processed: _____