

# DIRECTED STUDY

## Registration Form

Semester: Academic Year \_\_\_\_\_ Fall \_\_\_\_\_ Spring \_\_\_\_\_ Summer \_\_\_\_\_

I agree to supervise a Directed Study project for

\_\_\_\_\_ (print student's name) \_\_\_\_\_ Student ID# \_\_\_\_\_ Class Year \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State Zip Code

Email Address: \_\_\_\_\_ Date \_\_\_\_\_

The focus of this project will be: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

I have advised the above named student that in order for him/her to receive 2 credits for this project, he/she must certify to me that he/she has devoted a minimum of 90 hours to this project. Further, I have advised this student that he/she must meet with me on a regular basis to review and discuss the progress of this project.

\_\_\_\_\_  
Faculty Member (print name)

\_\_\_\_\_  
Faculty Member Signature (FULL TIME FACULTY MEMBER)

