REQUEST FOR INDEPENDENT STUDY/DIRECTED STUDIES/READINGS & RESEARCH

Student’s Name _________________________________________ Date _________________
(Last, First & Middle)
Student’s SSN _________________________________________ Semester _____________

Print Name of Instructor __________________________________________________________

Course Title:

<table>
<thead>
<tr>
<th>Course (Dept.)Prefix</th>
<th>Course Number</th>
<th>Section Number</th>
<th>Credit Hours</th>
</tr>
</thead>
</table>

Describe the nature of this course and list your specific responsibilities as outlined by the instructor:

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Signature of Student                                                                 Date

Signature of Instructor                                                               Date

Signature of Director of Graduate Studies                                                Date

Return completed form to the Graduate School, 411 Kirkland Hall, no later than the tenth day of classes (the end of the change-of-course period).