

PETITION AND AUTHORIZATION FOR GRADUATE DIRECTED STUDY IN MASTER'S PROGRAM

To the student: This form must be filled out and approved by the advisor before a registration will be authorized in a directed study course. The student will keep one copy and leave the original with the graduate secretary.

STUDENT'S PETITION TO ADVISOR:

DATE _____

Student's name _____ ID# _____

requests permission to register in MAT _____, CRN: _____
(5990 or 7990) (CRN will be provided)

for _____ hours of credit to be earned through directed study for the term ending _____.
(1,2,3,or 4) (term and year e.g. Fall 2010)

Study to be completed by _____.
(month and year e.g. December 2010)

Credit hours already earned in this course _____, (maximum 8 for MAT 5990 or 12 for MAT 7990).

DESCRIPTION OF STUDY

Discuss with advisor before defining nature, scope, and significance.

APPROVALS:

() I approve the above directed study and give the necessary time to direct the work

--OR--

() I approve the study, the work will be done under the direction of _____
(Name of Instructor)
and he/she has consented to direct the work.

Advisor's Name _____ Date _____

Advisor's Signature _____ Date _____