

Directed Studies Application
Department of Sociology, Anthropology and Social Work
(RESTRICTED COURSE)

Student's Name _____ Student ID # _____

Student's E-mail Address _____ Student's Phone _____

Student's Major's _____ Semester _____

Subject & Course # _____ Section (if any) # _____

Credit Hours: Undergraduate _____ Graduate _____

Professor _____

Reading Assignments and/or Description of Activities _____

Other Requirements (Note: These must be specified if for graduate credit.) _____

I request permission to take the course(s) specified above. I understand that I must
and frequently with the instructor and to insure all dates _____

Date _____

Student's Signature _____

I agree to direct _____ and sign _____ on behalf of the _____

Date _____

Faculty Member's Signature _____

Approved by: _____
Department Head

Date _____