

Directed Studies Course Request (485/685)

Student name: _____

UIN: _____

Major: _____

Course Information:

Term: _____

Course prefix: _____ Course number: _____

Number of credit hours: _____

Grade mode: Graded Pass/Fail

Course completion date (if different than the standard term): _____

Degree requirement: Elective course Substitution of credit for: _____

Description of course:

Assignments, tasks, and responsibilities:

Grade assignment will be based upon:

Student Approval

Student Signature: _____

Date: _____

Departmental Approval

Instructor Signature: _____

Date: _____

Instructor UIN: _____

Student's Department Head Signature: _____

Date: _____

Department Head of the Course Signature: _____

Date: _____

Processing

Section Request Submitted Date: _____ CRN Assigned to Course: _____ Entered By: _____ Date: _____