Request for Directed Study Registration

Name ______________________________ Date __________________

Semester ______________________________

To register for graduate course with a restricted class number, you need the approval of the professor. Go to the professor with whom you plan to take the course and ask him/her to sign below. Return this form to the graduate program coordinator to obtain the class number.

I am willing to supervise this student in the following course:

Course Name __________________________________
Catalog/Section Number __________________________
Credit Hours ________
Class Number ________

If this is an Independent Research course, POL S 6975 or 7975, please explain the reason for taking the class and a brief description of the topic of study.

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Signature of Professor __________________________ Date ________________

revised 8/05