Date: _______________________

I, ___________________________________________________, UIN# ___________________, request authorization to register for ______ EHRD 685 or ______ EDAD 685 – Directed Studies (In Absentia or Regular Reg.), during the _____________ semester for ______ semester hours credit.

____________________________________________________ has agreed to direct this study.

(Full name of supervisor)

The purpose of this directed study (problems) course is to: (Describe briefly the problem to be solved.)

____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________

Technique for solving the problem is as follows: (Describe briefly the experiments, statistics, readings, observations, etc. to be accomplished.)

____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________

I understand and will comply with the general provisions of this application.

____________________________________  ______________________________
Student Signature                       Course Instructor Signature

_____________________________
Department Head Signature

NOTE: Approval of this application does not constitute registration.