

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

Student's Name _____ Student # J00 _____

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

Student's Major's _____ Semester _____

Subject & Course # _____ Section (s) # _____ CRN(s)# _____

Credit Hours: Undergraduate _____ Graduate _____

Professor _____

Reading Assignments and/or Description or 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 it is my responsibility to consult promptly and frequently with my faculty director and to insure all necessary work is completed on time.

_____ Date

_____ Student's Signature

I agree to direct this student's work and assign an appropriate grade at the conclusion of the course.

_____ Date

_____ Faculty Member's Signature

Approved by: _____ Date _____
 Department Chair