



REQUEST FOR DIRECTED STUDY COURSE

This form must be completed before processing at the Registration Center.

DATE _____ STUDENT ID NO. _____

STUDENT NAME _____
Last First Middle

FLORIDA TECH EMAIL _____

SEMESTER _____ MAJOR _____ / _____
Name of Program/Major Code

I request that I be allowed to register for Directed Study in the course indicated below:

COURSE INFORMATION

| CRN | PREFIX | COURSE NO. | SEC. | COURSE TITLE | CREDITS |
|-------|--------|------------|-------|--------------|---------|
| _____ | _____ | _____ | _____ | _____ | _____ |

Description of Course Content (*may be catalog course description*)

STUDENT SIGNATURE _____ DATE _____

APPROVED BY

Academic Advisor _____ Date _____

Print name _____

Instructor _____ Date _____

Print name _____

Head of Unit Offering Course _____ Date _____

Print name _____

OFFICE USE ONLY

Processed By _____ Date _____