

**Deadlines:** This form must be submitted no later than two weeks into the fall or spring semester.  
(*Winter and summer session deadlines vary.*)

Student Name: \_\_\_\_\_ Degree, Major(s): \_\_\_\_\_

Student ID #: @ \_\_\_\_\_ Cell Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Enrollment Status (check one):    Graduate    Evening Undergraduate    Day Undergraduate    Certificate    Non-Degree

Semester/Year Registration: \_\_\_\_\_ Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

CRN: \_\_\_\_\_ *Discipline\**: \_\_\_\_\_ Course #: \_\_\_\_\_ *Credits\**: \_\_\_\_\_  
(Registrar will Enter)

This Special Study is in the form of a:

Site (if off campus):

*\* Required Field    \*\* Internships must include a completed Internship Contract*

IRB approval if applicable (attach Approval Letter)

Attach a Syllabus, according to university syllabus guidelines.

Title of Project (27 characters or fewer) : \_\_\_\_\_

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**Statement of Justification for Request** (For Directed Study please indicate why a scheduled class section is not an option):

**Signatures**

I have reviewed relevant university policies, including GPA and credits earned, to determine my eligibility for this request.

Student Name typed/printed: \_\_\_\_\_ Date: \_\_\_\_\_

Student Signature: \_\_\_\_\_

**Academic Advisor:**  Support  Do Not Support

Advisor Name (please print): \_\_\_\_\_

Advisor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Faculty Supervisor:**  Support  Do Not Support

Faculty Supervisor Name (please print): \_\_\_\_\_ Faculty Supervisor Banner #: @ \_\_\_\_\_

Faculty Supervisor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Honors Program Coordinator** *(if necessary)*:  Support  Do Not Support

Honors Program Coordinator Name (please print): \_\_\_\_\_

Honors Program Coordinator Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Department or Graduate Chair of Faculty Supervisor:**  Support  Do Not Support

Chair Signature(s): \_\_\_\_\_ Date: \_\_\_\_\_

**Department or Graduate Chair of Student's Major:**  Support  Do Not Support

I have consulted with other academic departments as appropriate.

Chair Signature(s): \_\_\_\_\_ Date: \_\_\_\_\_

**Academic Dean(s) of Student's Major(s):**  Approve  Do Not Approve

Academic Dean Signature(s): \_\_\_\_\_ Date: \_\_\_\_\_

Academic Dean Signature(s): \_\_\_\_\_ Date: \_\_\_\_\_

**Dean of Graduate & Continuing Education** *(if necessary)*:  Approve  Do Not Support  
 Reviewed by, if applicable

Dean Signature: \_\_\_\_\_ Date: \_\_\_\_\_