

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) : _____

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: _____