



DIRECTED STUDY PETITION FORM

(To be submitted during the registration period)

Date: _____

Last Name: _____

First Name: _____ Code Number: _____

Major(s): _____ Accumulated No. of Credits: _____

I would like your permission to register for the:

Course _____
Code Title

during the _____ of year _____ under directed study because
(Semester/Session) (Year)

Signature: _____

Step 1

Professor's Name: _____

I am willing to supervise the above-mentioned student in his/her directed study as described in the current College Catalog.

Professor's Signature: _____

Step 2

Petition is recommended by the Department of _____

Head of Department's Name: _____
(Please print)

Head of Department's Signature: _____

Step 3

The petition is: Granted Rejected

Academic Dean: _____

Vice President for
Academic Affairs: _____