

Directed Study Approval Form

NOTE: This completed form must be returned to the Law School Registrar's Office, Room 1203 by the term's course approval deadline. Consult the Law Registrar's Important Dates calendar.

Student Name: _____ Date: _____

Student ID: _____ Term: _____
(Spring/Summer/Fall) (Year)

Course Information:

CRS#: _____ SECT#: _____ CALL#: _____ HRS: _____

This student has been given permission by Professor _____ to register for ___1___2 hours of Directed Study Credit. Note: The student is expected to work a minimum of 60 hours for each credit claimed.

The project in which the student will engage in is:

Date by which the project is to be completed is: _____.

Note: If the Independent Research project is not completed by the agreed date, the grade of "NC" (no credit) will be recorded.

BOTH STUDENT AND FACULTY MEMBER AGREE THAT THE STUDENT CANNOT RECEIVE ANY PAYMENT FOR ANY WORK DONE FOR THIS INSTRUCTOR DURING THIS SEMESTER.

Signature of Faculty Member

Signature of Student

Signature of Associate Dean Michael Kaufman

Date

Please Note: Students are responsible for enrolling themselves in all approved courses after two business days.

