

**REQUEST FOR COURSE TITLE** 

[DIRECTED STUDY, DIRECTED READINGS, OR INDEPENDENT STUDY]

## **Instructions and Procedures:**

Students complete this form to request that an annotated title appear on the transcript for a directed study course.

The form must be filled out, approved by the instructor and graduate program director, and submitted to the Graduate School for final approval.

Students are to then follow the normal procedure to register for the course using LOCUS. Note if you do not enroll in this course, your request will not be processed.

## **Student Information:**

Name:					
Las	t	First		Middle	
LUC ID#:		Program:			
Email:		@luc.edu	Phone: _(	)	
Course Informatio	on:				
Note: If you do not provide this information or it is incorrect, your request will not be processed.					
Course Prefix:	Course Nur	nber:	Section:	Call Number:	
Semester and Year: _		_ Instructor:			
Course Title:					
Course Title:					
This form must be s	signed by both the	e course instructo	r and your GPD befo	re it is processed.	
	•		·		
Instructor Approval:	Printed Name		Signature		Date
Graduate Program Di	ractor Approval:				
	rector Approvar.	Printed Name	Signature		Date
Return to the Graduate School, Granada Center 400, LSC					
Graduate School App	roval:				

Signature