Department of Earth Sciences
AUTHORIZATION TO TAKE DIRECTED STUDIES COURSE
GEO 594, GY 594, MET 594

Reminder: Geography/Geology do not offer a graduate degree, it is the student’s responsibility to be certain that this course is acceptable for their particular graduate program.

Student Name___________________________________ Student J# _______________
Student Email Address:_______________________________   Phone________________
Hours Credit_________        Course No.______________     Semester______________

Objectives of Directed Study:

Reports (or other products) to be submitted:

I request permission to take the Directed Study specified above. I understand that it is my responsibility to consult promptly and frequently with my faculty director to ensure that all necessary work is completed on time.

Date: ____________ Student signature_________________________________

I agree to direct the student's work as specified above, to evaluate the reports submitted, and to assign an appropriate grade at the conclusion of the course. Supervisor must be on the Graduate Faculty.

Date: ____________ USA Faculty signature_____________________________

APPROVED ___________________________________ Date: ___________

Department Chair