Directed Studies Authorization Application  
Department of Sociology, Anthropology and Social Work  
(RESTRICTED COURSE)

Student’s Name ___________________________ Student #: J00_________________________
Student’s E-mail Address ___________________ Student’s Phone _________________________
Student’s Major’s _________________________ Semester ________________________________
Subject & Course # ________________________ Section (s) # __________________________ CRN(s)#
Credit Hours: Undergraduate _____________ Graduate ________________________________
Professor ________________________________
Reading Assignments and/or Description or Activities ______________________________________

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Other Requirements (Note: These must be specified if for graduate credit.) __________________________________________________________________

I request permission to take the course(s) specified above. I understand that it is my responsibility to consult promptly
and frequently with my faculty director and to insure all necessary work is completed on time.

_________________________________________  Student’s Signature _______________________

Date ______________________________________________________________________________

I agree to direct this student’s work and assign an appropriate grade at the conclusion of the course.

_________________________________________  Faculty Member’s Signature __________________

Date ______________________________________________________________________________

Approved by: ______________________________________________________ Date ________________

Department Chair

Rev. 7/28/10