Undergraduate Directed Study Registration Form

Semester:  □ Fall  □ Spring  □ Summer 1  □ Summer 2  □ Full Summer  Year ___________________________

Instructor’s name (please print): _____________________________ Instructor’s NUID: __ __ __ - __ __ __ __ __ __

If the student is following the exact syllabus of an existing course, complete box 2 only.

Box 1: Directed study courses

Subject code (e.g., BIOL): ___ ___ ___  Credit (semester hours): _______

Topic of directed study: ____________________________________________

Course number (check one):
■ 4991  Research (4 credits)  □ 4992  Directed Study (variable credit)  □ 4993  Independent Study (variable credit)
□ 4994  Internship (4 credits) □ 4996  Experiential Education Directed Study (4 credits)

Box 2: Following the exact syllabus of an existing course as a directed study

Reason for following the exact syllabus of an existing course: □ Scheduling conflict  □ Course not offered this term

Subject code (e.g., DEAF): ___ ___ ___  Course number (e.g., 2500): ___ ___ ___

Title of existing course: ____________________________________________

Student Name(s) (please print)  NUID(s)  Overload Allowed?*
1. _____________________________________________  _____________________________ □ Yes  □ No
2. _____________________________________________  _____________________________ □ Yes  □ No
3. _____________________________________________  _____________________________ □ Yes  □ No
4. _____________________________________________  _____________________________ □ Yes  □ No
5. _____________________________________________  _____________________________ □ Yes  □ No
6. _____________________________________________  _____________________________ □ Yes  □ No
7. _____________________________________________  _____________________________ □ Yes  □ No
8. _____________________________________________  _____________________________ □ Yes  □ No

Signature of instructor  Print name  Date

Signature of departmental personnel  Print name  Date

*Overload occurs when a student takes more than (a) 16 billing hours in fall, spring, or full summer terms or (b) 8 billing hours in summer 1 or summer 2 terms. Please indicate whether or not we should register a student for this class if it results in an overload for the student.

Registrar’s Office Use Only

Processed by: _____________________________ Date: _____________________________ CRN: _____________________________

Notes: _____________________________________________  Section: _____________________________