School of Computing

Graduate Course Request Form

Directed Study Course

Student's Name:_____Jag Number:_____

Semester/Year: _____ Number of Credit Hours:_____

Faculty Mentor's Name:_____

Course: CIS 594   CIS 694

General Description of Proposal Work:_____

_____

_____

I request permission to take this directed, independent study course as specified above and in the attached documents (if any). I understand that it is my responsibility to consult promptly and frequently with my FACULTY MENTOR and to insure that all necessary work is completed on time.

Date:_____ Student's Signature:_____

As FACULTY MENTOR, I agree to direct this student's work as specified above, to evaluate the documentation submitted, and to assign an appropriate grade at its conclusion.

Date:_____ FACULTY MENTOR's Signature:_____

Approved:

Date:_____ Graduate Director's Signature:_____