

DIRECTED RESEARCH CREDIT APPROVAL FORM

USE ONE FORM FOR EACH COURSE

Mailbox #: _____

Name: _____

SS #: _____

☐ Fall ☐ Spring ☐ Summer 20_____

DIRECTED RESEARCH: A student may earn a total of 2 directed research credits.

Course	Course Number	Credits
Directed Research (1 credit)	L100	_____
Directed Research (1 or 2 credits)	L200	_____

Please check if appropriate: ☐ This will fulfill my writing requirement

Competition Name (please print)

Faculty Supervisor's Name (please print)

Faculty Supervisor's Signature

Date

Student Signature

Date

**Please have this form signed by the appropriate supervisor prior to registering for these courses.
IF IT IS DETERMINED THAT YOU ARE ON PROBATION, THIS REGISTRATION IS VOID.**
