

# Naval Postgraduate School

## Directed Study Request Form

Proposals for directed study are to be jointly developed by the student and sponsoring faculty member, then routed for approval through the Academic Associate and Program Officer. The student will submit a signed form to the Registrar's Office **NOT LATER THAN THE SECOND WEEK** of the quarter in which the directed study is desired. The Registrar's Office will enter the directed study information into PYTHON upon receipt.

Print or type the requested information:

Today's Date: \_\_\_\_\_

Directed Study Requested for Academic Year: \_\_\_\_\_ Quarter: \_\_\_\_\_

(Academic years start in October. For example, October through December in 2001 is considered academic year 2002, quarter 1.)

### I. STUDENT INFORMATION

Student Name (Last, First Middle): \_\_\_\_\_

Curriculum #: \_\_\_\_\_

### II. COURSE INFORMATION

Course Number: \_\_\_\_\_ Course Name: \_\_\_\_\_

Credit Hours (Lecture/Lab): \_\_\_\_/\_\_\_\_ Mark one: Pass/Fail \_\_\_\_\_ Graded \_\_\_\_\_

Professor's Name: \_\_\_\_\_ Professor's Phone Number: \_\_\_\_\_

Course Description: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Reason(s) for Directed Study: \_\_\_\_\_

\_\_\_\_\_

### III. COURSE LOAD

Other Courses to be Taken During Quarter (list course number and lecture/lab credit hours):

\_\_\_\_\_

Total Hours: Lecture \_\_\_\_\_ Lab \_\_\_\_\_ Will this be an overload? Yes \_\_\_\_\_ No \_\_\_\_\_

### IV. APPROVAL SIGNATURES

Professor: \_\_\_\_\_ Date: \_\_\_\_\_

Academic Associate: \_\_\_\_\_ Date: \_\_\_\_\_

Program Officer: \_\_\_\_\_ Date: \_\_\_\_\_

Provost ( ): \_\_\_\_\_ Date: \_\_\_\_\_

Registrar's Use Only:

Segment Assigned by PYTHON:

Form Date June 2011