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: (Academic years start in October. For example, October through D	Quarter: Quarter: eccember 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:	
II. COURSE INFORMATION Course Number: Course Name: Credit Hours (Lecture/Lab):/ Professor's Name:	Mark one: Pass/Fail Graded
Credit Hours (Lecture/Lab):/_ Professor's Name:	Professor's Phone Number:
Course Description:	
Reason(s) for Directed Study: III. COURSE LOAD Other Courses to be Token During Quarter (list on	
Other Courses to be Taken During Quarter (list cou	arse number and recture/rab credit nours).
Total Hours: Lecture Lab	Will this be an overload? Yes No
IV. APPROVAL SIGNATURES	
	Date:
Professor: Academic Associate:	Date:
Program Officer:	Date:
Provost ():	Date:
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