



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: _____