

REQUEST FOR REGISTRATION IN DIRECTED READINGS

STUDENT INFORMATION

Student Number	First Name	Last Name
Degree	Program	Semester
Course Number	Course Title	Instructor

GENERAL DESCRIPTION AND RATIONALE OF THE COURSE

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CRITERIA FOR EVALUATION OF STUDENT'S PERFORMANCE (EXAM, ASSIGNMENTS, ETC)

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REQUIRED READINGS

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APPROVALS

Students are responsible for keeping this form for their records

Student Name	Signature	Date
Instructor	Signature	Date
Graduate Chair Name	Signature	Date