



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: \_\_\_\_\_