

Application for Directed Study Course Office of the Registrar

Office of the Registrar 671 Winyah Dr. Orlando, FL 32803 Ph. 407-303-1785 | Fax 407-303-9755

Criteria for Directed Study 1. Only courses listed in the Academic Bulletin can be taken as a Directed Study. 2. Only full-time faculty can teach a Directed Study course. 3. No General Education Labs can be taken as a Directed Study.					
Student Information: Please complete form in blue or black ink					
Student ID					
egal Last Name Legal First Name		Phone Number		Current Program/Program of Interest <u>Trimester</u> Year Fall — Spring —	
Course Name <u>Reason for Request: (To b</u>	e completed by Student)	Course Number	Credit Hours	Summer	
Student's Signature:		Date:			
Advisor's Signature:		Date:			
Instructor Comments		Approved Denied			
Instructor's Signature:		Date:			
Department Chair Comments			A	pproved	Denied
Department Chair's Signature:		Date:			
Academic Administrati		A	pproved	Denied	
Academic Administration Sig		Date:			
Financial Aid/Business Office Signature: Date:					
Office of the Registrar's	s Comments:				
Office of the Registrar Signa	ture				Data
Office of the Registrar Signature: Date:					