

NORTHERN MICHIGAN UNIVERSITY APPROVAL FOR DIRECTED STUDY

DATE: _____ NMU IN: _____

NAME: _____
(Last) (First) (M.I.)

ADDRESS: _____
(Street) (City) (State) (Zip Code)

TELEPHONE: _____ TELEPHONE: _____ EMAIL: _____
(Home) (Cell/Work)

Check One: Vocational Freshman Sophomore Junior Senior Post-Baccalaureate Graduate

TO BE COMPLETED BY SUPERVISING FACULTY MEMBER

Has permission to enroll in COURSE I.D.: _____ DEPARTMENT: _____

TITLE: _____

CREDIT HOURS: _____ SEMESTER: _____ YEAR: _____ MAJOR: _____

DESCRIPTION OF DIRECTED STUDY: (Attach additional sheets as necessary) _____

RATIONALE FOR DIRECTED STUDY: (AAUP see 9.1.4.2 of the AAUP Agreement; NMUFA see 16.11 of the NMUFA Agreement)
 (Also include if faculty member is teaching more than one directed study this semester.)

for pay banked on load

 Print name of faculty member supervising the directed study

 NMU IN of faculty member supervising the directed study.

 (Signature of Faculty Member) Date

 (Signature of Advisor) Date

 (Signature of Department Head) Date

 (Signature of Student) Date

 (Signature of College Dean and/or Graduate Dean) Date

NOTE: THE COMPLETED FORM WITH NECESSARY SIGNATURES MUST BE SUBMITTED TO THE REGISTRAR'S OFFICE, C. B. HEDGCOCK, ROOM 2202, TO HAVE A COURSE SEQUENCE NUMBER ASSIGNED TO THE COURSE.

 Course Created

 Sequence Number

 Student Enrolled