

## College of Liberal Arts Graduate Directed Individual Study Request

Student:	Banner ID: <u>A#</u>   Phone #:	
Academic Year:		
	Semester:	
Course Title:	Course #:5396 # Hrs. (1-3):	
Online Classification (Choose One): _		
SUPERVISING PROFESSOR INFO	RMATION:	
Professor Name: Professor Banner ID: A#  Office: Phone: Email Address:	Professor Banner ID: <u>A</u> #	
	Email Address:	
Office Hours:		
Description of Proposed Study and C Student Learning Outcomes Text(s) and/or Supplies	S THAT INCLUDES THE FOLLOWING INFORMATIO	
Signature of Student:	Date:	
Supervising Professor:	Date:	
Graduate Coordinator:	Date:	
Department Chair:	Date:	
Associate Dean:	Date:	

TO HAVE THIS COURSE CREATED, THIS COMPLETED FORM MUST BE FILED IN THE DEAN'S OFFICE OF THE COLLEGE OF LIBERAL ARTS BY THE LAST CLASS DAY OF THE SEMESTER PRIOR TO ENROLLING FOR THE COURSE.