

**Request for Directed Study Registration**

**Name** \_\_\_\_\_ **Date** \_\_\_\_\_

**Semester** \_\_\_\_\_

**To register for graduate course with a restricted class number, you need the approval of the professor. Go to the professor with whom you plan to take the course and ask him/her to sign below. Return this form to the graduate program coordinator to obtain the class number.**

**I am willing to supervise this student in the following course:**

**Course Name** \_\_\_\_\_  
**Catalog/Section Number** \_\_\_\_\_  
**Credit Hours** \_\_\_\_\_  
**Class Number** \_\_\_\_\_

**If this is an Independent Research course, POL S 6975 or 7975, please explain the reason for taking the class and a brief description of the topic of study.**

\_\_\_\_\_  
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\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
**Signature of Professor**

\_\_\_\_\_  
**Date**