



UNDERGRADUATE DIRECTED STUDY FORM
STUDENT ADMINISTRATIVE SERVICES
PO BOX 5575
POTSDAM, NY 13699-5575
P. 315-268-6451 · F. 315-268-6452

Student Name: _____ Student Number: _____

Major(s): _____ Date: _____

Course Information

Course Subject & Number: _____

Course Title: _____

Number of Credits: _____

Faculty Advisor or Student's Department Chair

Date

The following section must be completed by the department offering the course. If this is different from the student's academic department, return this form to Student Administrative Services, Box 5575, for processing.

I approve offering this course on a directed study basis during summer school and recommend the following faculty to teach the course.

The course will be taught during:

[] Summer Session I

[] Summer Session II

[] 10 Week Session

Department Chair of area responsible for course

Recommended Faculty

Dean of School of which the faculty is a member

Return to Student Administrative Services, Box 5575, for final approval.

The course indicated above has been approved to be offered under directed study by the recommended faculty who will receive compensation for teaching the course if the course is for 2 or more credits. Compensation for graduate study must be covered by the Graduate School.

Registrar

Date