THE COLLEGE OF EDUCATION

Directed Study Information

Student Name ______________________ Program ______________________

E-mail Address ______________________ Student I.D. if known __________

Faculty Member: ______________________

Work to be completed:

Approximate number of meetings: ______

Please provide a description of work that will be done and the assignments that must be completed during the directed study.

Student Signature: ______________________ Date: ________________

Faculty Signature: ______________________ Date: ________________