



APPLICATION FOR DIRECTED READING COURSE

Name:		Panther ID:	
Student Email:		Degree Program:	
Major:		Concentration:	
Term/Year:		Faculty Advisor:	
Course #/Prefix:		CRN/Credit Hours:	

A student may not substitute a directed reading course for a course which is part of the regular College of Education & Human Development course offerings.

SECTION A: GOALS & OBJECTIVES

[Empty text area for Section A]

SECTION B: ACTIVITIES & EXPECTED OUTCOMES

[Empty text area for Section B]

SECTION C: EVALUATION

[Empty text area for Section C]

I understand that completion of this form does not constitute registration for the course and that I must register for this course in the usual manner. Prior to registration, I must submit this completed form to the Office of Academic Assistance & Graduate Admissions, 300 CEHD Bldg.

Student Signature: _____ Date: _____

Instructor Signature: _____	Approve: ___ Deny: ___
Principal Advisor Signature: _____	Approve: ___ Deny: ___
Chair (or Designee) Signature: _____	Approve: ___ Deny: ___
OAA Signature: _____	Approve: ___ Deny: ___