

Directed Studies Course Contract

The purpose of this form is to establish a clear understanding between the student enrolling in a directed study or a directed readings course and the professor involved as to conditions, assignments, etc. This form must be filled out completely and signed *before* a student may be enrolled in any directed study or directed readings course.

Student Information		
Student's Name: _____		
ID#: _____	Circle One: Undergraduate	Graduate
Student Box #: _____ Phone #: _____		

Course Information	
Term: <input type="checkbox"/> Fall <input type="checkbox"/> Spring <input type="checkbox"/> Summer (Session _____) Year: 20_____	
Course #: _____ Units: _____ Grade Type: CR/NC Letter Grade	
Course Title: _____	
Professor: _____	Campus: _____
Professor CWID: _____ (Malibu, Wash. D.C., or specific IP program)	

Please attach a detailed syllabus indicating the course requirements, assignments, due dates, and any other pertinent information.

My signature indicates my approval of registration in _____ during the _____ term. I agree to abide by all university policies and procedures described in all applicable University catalogs, schedules, handbooks, and/or brochures.

_____ Student Signature	_____ Date
_____ Professor Signature	_____ Date
_____ Divisional Dean Signature	_____ Date
_____ International Programs' Dean (if applicable)	_____ Date
_____ Associate Dean's Signature	_____ Date