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#: ____________________________

Student Box #: ____________________________ Phone #: ____________________________

Course Information

Term: Fall Spring Summer (Session _____) Year: 20____

Course #: ____________________________ Units: _____ Grade Type: CR/NC Letter Grade

Course Title: ____________________________________________

Professor: ____________________________ Campus: ____________________________

(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 ____________________________