Request for Directed Study
Department of Communication

Student Name: _____ JAG #: J00_____

Instructor: _____ CRN: _____

Course Number Number of Credit Hours TERM: _____

☐ CA 394 ☐ 1 hr ☐ 2 hrs ☐ 3 hrs
☐ CA 494 ☐ 1 hr ☐ 2 hrs ☐ 3 hrs
☐ CA 594 ☐ 1 hr ☐ 2 hrs ☐ 3 hrs

Use this course: ☐ As substitution for_____

☐ In area of concentration_____

☐ As elective

Agreements Please include methods (papers, exams, discussion, etc.):

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We agree that these conditions and agreements are appropriate for the course of study.

_____
Student Signature Date

_____
Faculty Signature Date

_____
Department Chair Date