Student Directions: The student will:
1. Pick up form from DES office.
2. Must have a conference with a faculty member who will be directing the study: complete the form and secure the Instructor’s signature.
3. Use the form for verification when registering for the computer for the study.
4. Give the original and one copy of the signed form to the DES office. If the student fails to return these documents, the registration will be cancelled by the Department.

Course Equivalent: Hrs. Credit: Grading Basis S/U L/G Sem. & Yr. ___

Student Name: ID# Local Phone: __________

Instructor: Advisor: Division Chair: __________

Topic of Study (Brief Description): _______________________________________________________

Expected Completion Date: ___________________________

Complete the following using brief statements.

OBJECTIVES/LEARNING OUTCOMES: _______________________________________________________

REPORTS/PAPERS/ETC.: ________________________________________________________________

READINGS: __________________________________________________________________________

PROJECTS/INTERVIEWS: ________________________________________________________________

OTHER RESOURCES: ___________________________________________________________________

MEETING TIMES (dates & purposes) _______________________________________________________

EVALUATION OF ACHIEVEMENT (Measurement): ________________________________________

Instructor’s Signature date Student’s Signature date