Faculty Directed Research Petition

Name _____ **ID Number** _____

Address _____

Signature _____ **Date** _____

Course # _____ **Course Title** _____

Instructions

1. **Please give the reasons why this course must be taken as Faculty Directed Research rather than during a regularly scheduled time. Please be specific. If more space is needed, attach additional pages to this form.**

2. **Submit Faculty Directed Research Fee (refunded if petition is declined).**

❑ **Approved** ❑ **Not Approved** **Completion Date:** _____

Professor _____ **Date** _____

Director of Student Records _____ **Date** _____

Vice President for Academics _____ **Date** _____