



PERMISSION TO ENROLL IN A DIRECTED STUDY

SEMESTER: _____ DATE: _____

STUDENT'S NAME: _____ SS# _____

EMAIL ADDRESS: _____

MAJOR: _____ ADVISOR: _____

I REQUEST PERMISSION TO ENROLL IN A DIRECTED STUDY

DEPARTMENT: _____

COURSE TITLE: DIRECTED STUDY COURSE# _____

INSTRUCTOR: _____ CREDITS: _____

DATE TO BE TAKEN: _____

MY DIRECTED STUDY WILL COVER:

REASON: _____

STUDENT'S SIGNATURE _____

MUST BE APPROVED BY:

[] INSTRUCTOR: _____ DATE: _____

[] DIVISION DIRECTOR: _____ DATE: _____

[] UNIVERSITY DEAN: _____ DATE: _____

[] COLLEGE PROVOST: _____ DATE: _____

WE AGREE TO SUPERVISE/ADMINISTER THIS DIRECTED STUDY ACCORDING TO COLLEGE POLICY PERTAINING TO THE INSTRUCTOR'S RATE OF COMPENSATION.

COMMENTS:

Mail or Fax Completed form to:
Registrar
Long Island University
121 Speonk Riverhead Road LIU Bldg.
Riverhead, NY 11901
Fax: (631) 287-8125