

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#: _____ Circle One: Undergraduate Graduate

Student Box #: _____ Phone #: _____

Course Information

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

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

Course Title: _____

Professor: _____ Campus: _____
Professor CWID: _____ (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