

**LIS 598 DIRECTED STUDY**  
**(Prerequisite: Permission of Instructor)**

|  |                           |
|--|---------------------------|
| <b>STUDENT NAME:</b>   | <b>Person No.:</b>        |
| <b>E-MAIL:</b>   |                           |
| <b>REGISTRATION No:</b> _____ <i>(IS office will provide)</i> <b>Credit hours:</b> _____ <b>GRADE:</b> <input type="radio"/> Letter <input type="radio"/> S/U<br><b>Fall</b> _____ <b>Spring</b> _____ <b>Summer Session</b> _____ <input type="radio"/> I <input type="radio"/> III |                           |
| <b>ENDING DATE OF DIRECTED STUDY:</b> __/__/_____  |                           |
| <p><b>Any combination of LIS 526/527/598/599 may not exceed 9 credit hours.</b> Return the completed form to the DIS office (534 Baldy). You will be force registered into the course. <b>Observe drop/add dates for the semester you are registering for.</b></p>                   |                           |
| <b>DESCRIPTION OF DIRECTED STUDY:</b>  |                           |
|  |                           |
| <b>Faculty Name:</b>   | <b>Faculty Signature:</b> |
| <b>Student Signature:</b>  |                           |