



LIS 598 DIRECTED STUDY
(Prerequisite: Permission of Instructor)

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