

GRADUATE STUDENT

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State University College at Geneseo
INDIVIDUALIZED INSTRUCTION FORM (DIRECTED STUDY/INDEPENDENT STUDY)

Fall, Spring

20_____

Summer I, II, III, Full

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G00 NUMBER

PRINT STUDENT NAME (Last Name, First, MI)

ATTENTION: Graduate students registering only for directed study courses must:

1. Complete the Registration Request Sheet and submit it to the Graduate Office, Erwin 106
2. Complete billing forms and make appropriate tuition payment to the Office of Student Accounts in Erwin 103

(Example) ENGL 499 _____ CREDIT HOURS

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CATALOG NUMBER

COURSE TITLE (must limit to 30 characters and spaces)

INSTRUCTOR NAME _____ ID# _____
LAST FIRST M.I.

Forms must be returned to Graduate Office in Erwin 106 by the last day of the ADD period; after that date, late registration/payment fees may be imposed.

PLEASE INDICATE BRIEFLY BELOW THE SUBJECT MATTER OF THE COURSE. THE WORK REQUIRED OF THE STUDENT AND THE SYSTEM FOR EVALUATION OF THE STUDENTS WORK.

INSTRUCTOR SIGNATURE _____ DATE _____

DEPARTMENT APPROVAL _____ DATE _____

STUDENT is responsible for the above approvals

Term	CRN	
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Subject	Crse	Sec
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Student must deliver form to the appropriate office below

DIRECTOR OF GRADUATE STUDIES DATE