UNDERGRADUATE DIRECTED STUDY FORM
State University College at Geneseo

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Geneseo Student ID

_____ Fall 200 ___
_____ Spring 200 ___
_____ Summer 200 ___: Session ___

PRINT STUDENT NAME (Last, First, MI)

SUBJECT | **Course Level** (199, 299, 399 and ARTS 307) | **CREDIT HOURS** ☐

COURSE TITLE (limited to 27 characters and spaces)

Please indicate briefly the subject matter of the course and the work required of the student:

Please indicate the system for evaluation of the student's work:

Instructor Signature | Instructor Name (please print) | G00 #

Department Chair Approval Signature | Date

This form must be returned to the Office of the Registrar (Erwin 102) by the last day of the ADD period. After that date, late registration/payment fees may be imposed.

Office Use Only

Term | CRN

Subject | Crse | Sec

SSASECT _____

SFAREGS _____

Revised 3/04