COURSE DESCRIPTION FOR UNDERGRADUATE DIRECTED STUDY

[Please return this form to undergraduate coordinator when completed]

Student’s Name ___________________________________________ Student # __________________

Email Address ________________________________________________

Course Number ______ Credits ______ Academic Term & Year (e.g. Sept-Dec 2011) ________________

Course Title __________________________________________ Professor’s Name _______________________

Principle Reading, Materials, and/or External Consultants (Please attach reading list)

__________________________________________________________________________________________

__________________________________________________________________________________________

__________________________________________________________________________________________

Method of Evaluation (Meetings and Assessment)

__________________________________________________________________________________________

__________________________________________________________________________________________

__________________________________________________________________________________________

__________________________________________________________________________________________

Supervising Faculty AUSC Chair

__________________________________________________________________________________________

__________________________________________________________________________________________

PRINTED NAME and SIGNATURE / Date ______________________________ PRINTED NAME and SIGNATURE / Date ____________________________

Number of Directed Reading Courses Given by Faculty Member This Term ____________________________

FACULTY MEMBERS MUST LIMIT THEMSELVES TO SUPERVISING 3.0 CREDITS PER TERM.

Department Head __________________________ PRINTED NAME and SIGNATURE __________________________ Date __________________________

NOTES: ____________________________________________________________________________________

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