TO BE SUBMITTED TO THE DIRECTOR’S OFFICE (FILLED OUT AND SIGNED BY STUDENT & FACULTY MEMBER) BY THE 3rd DAY OF CLASSES OF THE SEMESTER

APPROVAL FORM for DIRECTED INDIVIDUAL STUDIES/SPECIAL TOPICS
(ARC 4000/7000)

1. Student Name________________________________ Classification_____________________
   Email_______________________________Cell #___________________MSU ID # (9xx)_____________

Process:
a) Student MUST fill out and submit form to Faculty for approval.
b) Faculty MUST submit to the Director’s Office for signature and approval.
c) Faculty MUST notify student to ADD course before the University deadline
d) Student MUST register for the course in Banner through the ADD a course process.

2. Course to be undertaken during (check one) □ Fall, 20__ □ Spring 20__ □ Summer I 20__ □ Summer II 20__

3. Course Professor:_______________________________

4. Course Title:______________________________________ Credits: ____________
   a) Description of Content:

   b) Objectives:

   c) Requirements for Successful Completion:

5. Instructor/Student Meeting Time(s): ________________________________

6. This course will ONLY count as an elective.

7. Signatures/Approval:
   Student________________________________________ Date __________________
   Instructor______________________________________ Date __________________
   S/ARC Director______________________________ Date ____________ Recommended_____ Not Recommended______