NORTHEASTERN UNIVERSITY
COLLEGE OF SCIENCE

DIRECTED STUDY AND READINGS CONTRACT

STUDENT INFORMATION

Student Name: ________________________________ NUID: 000 - __ __ __ __ __
Department: ________________________________ Degree Program __________________
Phone: (__ __ __) ___ ___-__ __ __ __ Email: ___________________@husky.neu.edu

COURSE INFORMATION (to be completed by the instructor)

Course#: __________ Course Title: _______________________________________________________
Semester Hours: ______ Term: Fall Spring Summer 201__
Instructor: ________________________________

Reading lists, required assignments, deliverables, etc. (please attach materials as necessary):

Describe how the course will be evaluated, including grading method:

I understand the terms of the Directed Study and Readings Contract including:
☐ Prior to registration, approval of the instructor, departmental Graduate Coordinator and the Graduate School is required.
☐ No petition will be considered for approval without the course information being completed above or via attachment to this form.
☐ Registration must take place before the end of the second week of the semester.

Student Signature ___________________________ Date ________________

Approvals Required                  Print Name                                             Signature                                 Date
1. Instructor
2. Departmental Graduate Coordinator
3. College of Science