DIRECTED STUDY CONTRACT

This form is submitted in addition to the registrar’s form. All of the fields must be completed for consideration.

STUDENT INFORMATION and AGREEMENT

Student Name: _______________________________ NUID: __________________

Department: ________________________________ Degree Program: ________________

Phone: ____________________ Email: ___________________________@husky.neu.edu

I understand the terms of the Directed Study including:

a. Prior to registration, approval of the instructor, departmental Graduate Coordinator and the Graduate Student Services is required.

b. No petition will be considered for approval without the course information being completed below or via attachment to this form.

c. Registration must take place before the end of the second week of the semester.

Student Signature: ___________________________ Date: __________________

COURSE INFORMATION (to be completed by the instructor)

CRN: _______________ Course Title: ________________________________

Semester Hours: _______ Term: _______ Year: _______ Instructor ___________

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

Describe how the course will be evaluated, including grading method (letter grade or S/U and percentage affiliated with each assignment):

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<thead>
<tr>
<th>Approvals Required</th>
<th>Print Name</th>
<th>Signature</th>
<th>Date</th>
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<tbody>
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<td>Instructor</td>
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DISTRIBUTION: Grad Student Services Department Student