Directed Study Form

THE DEPARTMENT OF COMPARATIVE LITERATURE
CPLT 797R 00P
DIRECTED STUDY

Name ___________________________ Semester and Year ___________________________

Project/Course Instructor ______________________ Credit hours ________________

Description of Project/Course of Study:

Project/Course Evaluation Procedure:

Signature of Instructor ______________________ Approval/Director or DGS __________

Date ___________________________ Date Entered ___________________________

Office Use Only:
Grade Entered: ___________ Final Grade/Date: __________________________