

FACULTY DIRECTED STUDY (FDS) SIGN-UP FORM

[NOTE: You must pay for the FDS through the registrar, as with any class, once you are cleared by the instructor to enroll in this FDS, or soon thereafter, unless other arrangements have been made.]

FDS Course Title: _____

Instructor/Faculty Advisor: _____

Faculty Contact Information: _____

Student Name: _____ Degree Pursuing: _____

Mailing Address: _____

Home Phone: _____ Cell Phone: _____

Email Address: _____

Assignments	Due Dates	Grades and Comments

Faculty Approval: _____ Date Approved: _____

Academic Dean: _____ Date Approved: _____

Registrar Received: _____ Date: Received: _____

File this completed form in the student's permanent record.