Request for Directed Study Department of Communication

Student Name:	JAG #: <u>J00</u>
Instructor:	CRN:
Course Number Number of Credit Hours	TERM:
□ CA 394 □ 1 hr □ 2 hrs □ 3 hrs □ CA 494 □ 1 hr □ 2 hrs □ 3 hrs □ CA 594 □ 1 hr □ 2 hrs □ 3 hrs	
Use this course: \Box As substitution for	
□ In area of concentration	
\Box As elective	
Agreements – Please include methods (papers, e	exams, discussion, etc.):
We agree that these conditions and agreements a	are appropriate for the course of study.
Student Signature	Date
Faculty Signature	Date
Department Chair	Date