STUDENT REQUEST FORM TO TAKE A DIRECTED READINGS COURSE

Please provide the following information about the course to be offered and the students who intend to take this course.

1. Instructor's name:________________________________________  Sem. to be offered:____

2. Course title: ____________________________________________________________________

3. If it is intended to replace an existing course, provide the following information:
   a. the equivalent course ______________________________________________________
   b. why can't the student(s) take it as a regular course?____________________________
      __________________________________________________________________________

4. If it does not replace an existing course, then:
   a. state the objectives of offering the course_______________________________________
      __________________________________________________________________________
   b. attach the following Information: detailed syllabus of the course, text book and
      references and the manner in which the course will be conducted, i.e., class meetings,
      assignments, exams, grading, etc.

5. Student information:
   Students' names | sem. hours in 5xx courses completed | GPA | student signatures
   __________________________________ | __________________________ | ______ | __________________________
   __________________________________ | __________________________ | ______ | __________________________
   __________________________________ | __________________________ | ______ | __________________________

Instructor's signature_________________________________________ Date:_________________

All requests must be submitted to the Director, MS-CES Program

Action of the Director, MS-CES Program: Approved / Disapproved (reasons for disapproval)

Director's signature_________________________________________ Date:______________