Request for Directed Study Department of Communication

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