



APPROVAL FOR DIRECTED STUDY – GRADUATE LEVEL

DATE: _____ NMU IN: _____ EMAIL ADDRESS: _____

NAME (L, F, MI): _____

TO BE COMPLETED BY SUPERVISING FACULTY MEMBER:

COURSE ID: _____ TITLE: _____ [] ONLINE [] ON CAMPUS

CREDIT HOURS: _____ SEMESTER: _____ YEAR: _____

GRADUATE PROGRAM: _____ FACULTY'S DEPARTMENT: _____

Description of Directed Study: (Attached additional sheets as necessary):

Learning outcomes:

If applicable: In accordance with university policy, please substitute this Directed Study course with:

COURSE ID: _____ COURSE TITLE: _____

Form can be emailed to graduate@nmu.edu to be uploaded to Right Signature for all to sign electronically.

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Student Signature Name of Faculty Member Signature of Faculty Member
Name of Advisor Signature of Advisor Name of Dept. Head Signature of Dept. Head
Name of College Dean Signature of College Dean Dr. Lisa Eckert Name of Graduate Dean Signature of Graduate Dean

The completed form with required signatures must be submitted to the College of Graduate Studies to have a course sequence number assigned and have the student registered.