Application for EDAD/EHRD 685 – Directed Studies
Please complete and return to the Office of Academic Advising

Date: _______________________

I, ___________________________________________________, UIN# ___________________
request authorization to register for ______ EHRD 685 or ______ EDAD 685 – Directed Studies during the _____________ semester for ________ semester credit hours. (If Summer, please indicate Summer I, II, or 10-week.)

______________________________ has agreed to direct this study. (Full name of supervisor)

The purpose of this directed study (problems) course is to: (Describe briefly the problem to be solved.)

______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

Technique for solving the problem is as follows: (Describe briefly the experiments, statistics, readings, observations, etc. to be accomplished.)

______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

I understand and will comply with the general provisions of this application.

____________________________________  ______________________________________
Student Signature                     Instructor Signature

____________________________________  ______________________________________
TAMU Email Address                    Department Head Signature

NOTE: Approval of this application does not constitute registration.