



Directed Research Application

(Required for enrollment in MAT 599)

Name (please print) _____

Perm Number _ _ - _ - _ - _ - _ - _ Number of units _____

Quarter and Year _____ Letter grade or S/U _____

Proposed Supervising Professor _____

DESCRIPTION:

Have you taken this course before? When? (Quarter, Year) _____

Your signature _____ Date _____

Approved _____ Date _____
Instructor/Advisor's Signature

Approved _____
Director of Graduate Studies Signature

**For research and preparation of the dissertation.*