

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 _____

Advisor / Instructor Signature

Approved _____

MAT Faculty Graduate Advisor Signature

*For research and preparation of the dissertation.