

# Directed Research Application

(Required for enrollment in MAT 596)

Name (please print) \_\_\_\_\_

Perm Number \_\_-\_\_-\_\_-\_\_-\_\_-\_\_-\_\_-\_\_-\_\_ Number of units \_\_\_\_\_

Quarter and Year \_\_\_\_\_ Letter grade or S/U \_\_\_\_\_

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## PROJECT DESCRIPTION:

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

\*No more than 12 units of 596 may be credited towards the degree, 48 of the 60 units must be of upper division and/or graduate courses.

Your signature \_\_\_\_\_ Date \_\_\_\_\_

Approved \_\_\_\_\_ Date \_\_\_\_\_

Advisor / Instructor Signature

Approved \_\_\_\_\_

MAT Faculty Graduate Advisor Signature