



## Directed Research Application

(Required for enrollment in MAT 598)

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 underlying the thesis/project and writing of the thesis/project.*