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.