

**DIRECTED STUDY PETITION
HONORS RESEARCH/READING
INDEPENDENT STUDY PETITION**

**OFFICE OF THE REGISTRAR
AURORA UNIVERSITY
IL 60506-4892
630-844-4935**

NAME _____ Student ID Number _____

E-mail address _____ Cell Phone _____ Home Phone _____

Instructor _____

	CIRCLE THE APPROPRIATE RESPONSE BELOW			Year
Term study will be initiated	FA, F1, F2	SP, S1, S2	SU, U1, U2	
Term study will be completed	FA, F1, F2	SP, S1, S2	SU, U1, U2	
Semester hour credit	1	2	3	4
Evaluation System	CR/NCR		Letter Grade	
Note: Studies carried out over more than one term will be graded X at the intervening grading periods. Tuition is charged during the term the study is initiated and semester hour credits are applicable to financial aid only in that term.				

_____ 2830/3830/4830/5830/6830/7830/8830 **DIRECTED STUDY:** _____
 Department Circle Course Level Assign a brief but descriptive title

_____ 2970/3970/4970/5970/6970/7970/8970 **HONORS RESEARCH/READING:** _____
 Department Circle Course Level Assign a brief but descriptive title

_____ 2980/3980/4980/5980/6980/7980/8980 **INDEPENDENT STUDY:** _____
 Department Circle Course Level Assign a brief but descriptive title

Identify the educational objectives of this study:

How does this study fit into your Educational Plan (Degree Program)?

How will this study be carried out and what methods of evaluation will be used?

INSTRUCTIONS

1. Fill out completely. This becomes part of your permanent record.
2. Be sure you have assigned a descriptive title, semester hours, and indicated the Department prefix.
3. Obtain approval from appropriate persons at the right.
4. This form must be completed before you can register for the course.

INITIAL	DATE	APPROVAL
		INSTRUCTOR
		PROGRAM CHAIR
		ACADEMIC DEAN
		Completed by REGISTRAR

I have discussed this course with the instructor and understand my responsibilities in completing the requirements.

Student Signature _____ Date _____

Change of Course/Waitlist Petition (ADD/DROP) Form Must Be Completed and Attached

02/18/10