

**UNIVERSITY OF NORTH FLORIDA
SCHOOL OF COMPUTING
COLLEGE OF COMPUTING, ENGINEERING, AND CONSTRUCTION**

DIRECTED INDIVIDUAL STUDY FOR _____ (Term/Year)

Student's Name: _____ **N#** _____

Instructor's Name: _____

Requested Course: _____
(Prefix) (Number) (CRN) (Credits)

Course Title: (30 character max) _____

Additional course information (optional):

.....
Student's Signature: _____ **Date** _____

Instructor's Signature: _____ **Date** _____

Advisor's Signature: _____ **Date** _____

Director's Signature: _____ **Date** _____

For office use only: _____ Reg. Perm. _____ Date Perm. _____ # Hrs. _____ POS

Original: Advising folder Copy: Student Copy: Class Roster