**Geography Department**

**Directed Studies Request Form**

*This form is to be submitted to the Geography Department Chair at least one week prior to commencement of the semester.*

Student Name (print): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Student Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Requested Course Number (e.g., GEOG 433): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Course Prerequisites (e.g., GEOG 324): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Prerequisites completed? YES NO

What is your rationale for requesting this course?

*Please submit this form to the Geography Department Chair. If this form is accepted, the next step is to devise a Curriculum Plan in consultation with your supervisor and attach the Plan to your Directed Studies registration form.*

Geography Department decision: APPROVED DECLINED Date: \_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Geography Department Chair (date) Supervising Faculty Member (date)