



# DIRECTED STUDY DESCRIPTION & AUTHORIZATION | ENGLISH MA

College of Liberal Arts and Sciences, 4841 Cass Avenue, 2155 Old Main, Detroit, MI 48202 | Phone: 313.577.2515 |

Name \_\_\_\_\_ Student ID # \_\_\_\_\_

E-mail \_\_\_\_\_ Telephone \_\_\_\_\_

Permission is requested to register for \_\_\_\_\_ hours of credit to be earned via a Directed Study.

\_\_\_\_\_  
Semester of Directed Study (Term/Year)

\_\_\_\_\_  
Faculty Director

\_\_\_\_\_  
Faculty Director Signature                      Date

\_\_\_\_\_  
Student Signature                                      Date

***\*Please attach a 1-2 page description of the directed study including 1) readings and assignments, 2) relevance to student's M.A. program of study, and 3) how the directed study will be evaluated (i.e. identification of graded deliverables) when submitting this form to the Director of Graduate Studies for approval***

\_\_\_\_\_  
Director of Graduate Studies Signature      Date