

# Directed Study, Independent Study, Senior Project

## FALL 2008

**FORM TO OBTAIN PERMISSION # TO REGISTER TO FOLLOWING COURSES. BE SURE TO PRINT CLEARLY – SO WE CAN RESPOND.**

**Math 4990, 4991, 4992, 4993, 4995, 4997W**

**Math 5900**

**DATE:** \_\_\_\_\_

**Name:** \_\_\_\_\_ **ID#** \_\_\_\_\_

**Student email address:** \_\_\_\_\_

Which course are you trying to get into:

Math \_\_\_\_\_

Please get the signature of the instructor with whom you will be working

\_\_\_\_\_  
Faculty Signature

Please print Faculty Name: \_\_\_\_\_

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(Math Department will fill out)

**COURSE:** \_\_\_\_\_ **SECTION** \_\_\_\_\_

**PERMISSION NUMBER** \_\_\_\_\_