

TEXAS A&M UNIVERSITY
Department of Kinesiology and Sport Management

APPLICATION FOR DIRECTED STUDIES

Date: _____

I request enrollment in:

685 for the _____ semester, 20____, for _____ semester hours of credit.

_____ has agreed to direct this study.
Faculty of Directed Studies

The purpose of this Directed Studies is to (briefly describe the problem to be solved):

Completion of a written document and a minimum of 30 hours per credit hour is required. Technique for solving the problem is as follows (briefly describe the experiments, statistics, readings, observations, etc. to be accomplished):

I understand that I **MUST** fully complete this form before sending it to the graduate advisor. If I fail to comply with this requirement, I will not be registered for the course.

Applicant Signature

NAME: _____ **MAJOR:** _____ **UIN:** _____

LOCAL PHONE: _____ **EMAIL:** _____

Faculty of Directed Studies Signature

Faculty Advisor Signature