

REL 7990: Independent Reading and Research

Student's Name

Faculty Director

Workday ID

Semester/Year

Number of Credit Hours

TITLE OR SUBJECT:

STUDY PLAN AND READING LIST (Attach additional pages if needed):

REQUIREMENTS (reading, writing, meetings with director, etc.):

COMPLETION DEADLINE (only needed if other than the end of the above semester): _____

APPROVALS: This is a permission of department course. Registration cannot be affected until this form has been completed and approved. The completed form must be emailed by the student or faculty director to the department's administrative specialist (vpfeif3@lsu.edu), who will then complete the registration.

Student's Signature

Faculty Signature

Director of Graduate Studies or Chair of Department