

DEPARTMENT OF COMPARATIVE LITERATURE
CPLT 797R-P
Directed Study Form

FULL NAME: _____

ID #: _____ **Semester & Year** _____

Project/Course Instructor: _____

Credit Hours: _____

Description of Project/Course of Study:

Project/Course Evaluation Procedure:

Instructor Signature: _____ **Date:** _____

Approval of DGS: _____ **Date:** _____