



DIRECTED READING OR RESEARCH COURSE FORM

(For Graduate Program Courses: 699V, or 799V)

Office of the Registrar / 200 West Kawili St. Hilo, HI 96720-4091 / Student Services Center, First Floor Rm 101 / Phone: (808) 932-7447 / Fax: (808) 932-7448 / E-mail: uhhro@hawaii.edu

- This form must be completed prior to registration for any course numbered 699V or 799V.
The student must obtain the consent of the directing instructor as well as the graduate program chair.
The ORIGINAL COPY of this form must be submitted to the Graduate Division.

SECTION I: Student Information:

Name: _____ Email: _____@hawaii.edu

Phone: _____ Program: _____

Student signature: _____ Date: _____

SECTION II: Course Information:

Course Alpha: _____ Course Number: _____ 99V Title: _____

Semester: () Fall () Spring () Summer Year: 20____ Credits: _____

Is this course to be used in lieu of a regular course? () No () Yes

If yes, content and semester hours must be identical to regular course: Course Alpha & Number: _____

SECTION III: Course Outline:

Provide a detailed outline of your proposed work (use reserve side or attach a separate sheet) to include: Overview of the proposed course; purpose or objectives; including expected learning outcomes; procedure for how the course will be taught; resources to be used; expected products from the course; means of evaluation.

SECTION IV: Directing Instructor and Graduate Program Director permission:

Directing Instructor Name: _____ ID or username: _____

Directing Instructor Signature: _____ Date: _____

Primary Advisor Name: _____

Primary Advisor Signature: _____ Date: _____

Graduate Program Chair Name: _____

Graduate Program Chair Signature: _____ Date: _____

SECTION V: Submit ORIGINAL completed form to the Graduate Division

FOR GRAD DIVISION USE ONLY: Date: _____ Initials: _____

FOR REGISTRAR OFFICE USE ONLY:

() SIAASGQ () SSASECT* () SFAREGS Date: _____ Initials: _____ CRN: _____

*Uncheck Voice Response