

**WAYNE STATE UNIVERSITY LAW SCHOOL**  
**AUTHORIZATION FOR DIRECTED STUDY**

**NAME OF STUDENT:** \_\_\_\_\_

**STUDENT ID:** \_\_\_\_\_

**TERM/YEAR:** \_\_\_\_\_

**J.D. PROGRAM:** Credit Hours: 1 credit \_\_\_\_\_ 2 credits \_\_\_\_\_

*Expected to fulfill writing requirement:* Yes \_\_\_\_\_ No \_\_\_\_\_

*To fulfill upper-class writing requirement:* Directed study taken for two or more credits so long as the primary adviser is a full-time member of the faculty or, if an adjunct is the primary adviser, a full-time member of the faculty agrees to review the paper.

**LL.M. PROGRAM:** Credit Hours: 1 credit \_\_\_\_\_ 2 credits \_\_\_\_\_

**TOPIC OR TITLE OF PAPER:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

FACULTY SIGNATURE

ASSISTANT DEAN'S SIGNATURE  
*(required for J.D. program only)*

Faculty Member (please print name): \_\_\_\_\_

By signing this form you authorize the Law School Records and Registration Office to register you for the amount of credits requested for the directed study.

\_\_\_\_\_  
STUDENT SIGNATURE

DATE

Please return this form to:  
Wayne State University Law School  
Records and Registration Office  
471 West Palmer, Room 1223  
Fax: (313) 577-9800 Phone: (313) 577-3979

**THIS FORM MUST BE SUBMITTED PRIOR TO THE LAST DATE OF  
THE ADD/DROP PERIOD OF THE TERM SELECTED.**