WAYNE STATE UNIVERSITY LAW SCHOOL JD PROGRAM AUTHORIZATION FOR DIRECTED STUDY

STUDENT NAME:				
STUDENT ID:				
TERM/YEAR:				
CREDIT HOURS:	1 credit	2 credits		
	e for this cours		Dusly completed? ne requirement that you complete 64 credit	hours in courses requiring
and all faculty memb	ers involved.		this term? YesNo	ne Dean or the Dean's designee
If yes, please list the	seminar name	here:		
Signature of faculty member teaching seminar:			FACULTY MEMBER	SIGNATURE
TOPIC OR TITLE O	F DIRECTED			
FACULTY MEMBER NAME (please print)		please print)	FACULTY MEMBER SIGNATU	URE
NOTES:				
	you authorize		nd Registration Office to register you for t	the amount of credits requested
STUDENT SIGNAT	URE		DATE	

Please return this form prior to the last date of the add/drop period of the term selected to:

Wayne State University Law School Records and Registration Office 471 West Palmer, Room 1223

Fax: (313) 577-9800 Phone: (313) 577-3979

Email: lawrecords@wayne.edu