



Directed Research Request

Registrar's Office

1435 N Glenstone Ave • Springfield MO 65802

Phone (417) 268-1026 • Fax (417) 268-1030

registrar@agts.edu

FULL NAME _____ STUDENT NUMBER _____

ADDRESS _____
Street/Box City State Zip

TELEPHONE (____) _____ EMAIL _____

DO YOU HAVE ANY OUTSTANDING DIRECTED RESEARCH COURSES? YES NO

IF YES, WHAT COURSE _____

DATE OF COMPLETION _____

DIRECTED RESEARCH COURSE YOU WISH TO TAKE:

TITLE _____

COURSE # _____ CREDIT HOURS _____ SEMESTER OF ENROLLMENT _____

REASON YOU CANNOT TAKE A SEATED COURSE: _____

PROFESSOR OF RECORD _____

COURSE DUE DATE _____ DIRECTED RESEARCH FEE _____

SIGNATURES REQUIRED:

STUDENT _____ DATE _____

ADVISOR _____ DATE _____

ACADEMIC DEAN _____ DATE _____

REGISTRAR'S OFFICE USE ONLY

Directed Research hours completed to date _____ Degree program credits completed to date _____

Credit hours after adding course _____ Department notified _____ Date _____

Registrar's Office _____ Date _____

Copy sent to: Financial Aid VA Representative