



# Directed Research Request

## Records Office

1435 N Glenstone Ave • Springfield MO 65802

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

[records@agts.edu](mailto:records@agts.edu)

Student 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 plan to take

Course 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 \_\_\_\_\_

### Records Office use only

Directed Research hours completed to date \_\_\_\_\_ Degree program credits completed to date \_\_\_\_\_

Credit hours after adding course \_\_\_\_\_ Department notified \_\_\_\_\_ Date \_\_\_\_\_

Records Office \_\_\_\_\_ Date \_\_\_\_\_

Copy sent to:  Financial Aid  VA Representative