

University of Idaho
Department of Theatre Arts

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Directed Study Form

Student Name: _____ Date: _____

Student ID#: _____ Student Email: _____

Intended Course Number: _____ Section: _____ (assigned by Monica)

Intended Credits: _____

Reason for Directed Study:

Scope of Directed Study (Project or Presentation Description)

Instructor: _____

Approved by: _____ Date: _____

Ann Hoste, Department Chair