

AMERICAN UNIVERSITY OF IRAQ ____SULAIMANI____

Directed Study Form

Student Name:		ID:
Major:		
Minor, Concentration:		
GPA:		
Semester/ Term:		
Professor Name:		
Department:		
Course Code:	Course Title:	
Eligibility:		
2. Student has a cumulative3. Student is not repeating*Each Direct Study Course mucourse.	the course to raise h	
Instructor Name & Signature:		
Department Chair Name & Signa	ature:	
VPAA:		
Budget officer		
Registration and Records Director	or:	
Processed by:		

- 1. STUDENT SHOULD GET ALL PARTIES APPROVAL
- 2. TO BE ENTERED IN SONIS ON SAME DATE
- 3. TO BE PLACED IN PERMANENT STUDENT FILE