

**John W. Draper Interdisciplinary
Master's Program in
Humanities and Social Thought**

**DIRECTED READING
APPLICATION FORM**

NAME OF STUDENT: _____

STUDENT I.D. NUMBER: _____

COURSE NUMBER: _____

(MUST BE ONE OF THE FOLLOWING: G65.3000/3001/3500/3501)

NUMBER OF CREDITS: _____ **(1-4) SEMESTER:** _____

PHONE NUMBER: DAY _____ **EVENING** _____

NAME OF DIRECTED READING ADVISOR: _____

DEPARTMENT/SCHOOL: _____

CAMPUS ADDRESS: _____

PHONE: _____

Signature of Directed Reading Advisor

Date

DESCRIPTION OF PROJECT:

DRAPER PROGRAM APPROVAL: _____