



# Northeastern University

## College of Social Sciences and Humanities

### **DIRECTED STUDY and READINGS CONTRACT**

*All of the fields must be completed for consideration.*

Student Name: \_\_\_\_\_ NUID: \_\_\_\_\_

Department: \_\_\_\_\_ Degree Program: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_@husky.neu.edu

I understand the terms of the Directed Study or Readings Course including:

- a. Prior to registration, approval of the instructor, departmental Graduate Program Director and the Graduate Office is required.
- b. No petition will be considered for approval without the course information being completed above or via attachment to this form.
- c. Registration must take place before the end of the second week of the semester.

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

*Graduate Office*

*College of Social Sciences & Humanities*

180 Renaissance Park  
360 Huntington Ave.  
Boston, MA 02115

617.373.5990  
f 617.373.7281

[gradcssh@neu.edu](mailto:gradcssh@neu.edu)  
[www.northeastern.edu/cssh/graduate](http://www.northeastern.edu/cssh/graduate)

### **COURSE INFORMATION (to be completed by the instructor)**

Course#: \_\_\_\_\_ Course Title: \_\_\_\_\_

Semester Hours: \_\_\_\_ Term: \_\_\_\_\_ 20\_\_ Course substitution or elective # \_\_\_\_\_

Instructor: \_\_\_\_\_

Reading lists, required assignments, deliverables, etc. (please attach materials as necessary):

Describe how the course will be evaluated, including grading method (letter grade or S/U and percentage affiliated with each assignment):

Approvals Required	Print Name	Signature	Date
Instructor			
Graduate Program Director			
Graduate Office			