GRADUATE DIRECTED READING/INDEPENDENT STUDY REQUEST FORM

Graduate students interested in pursuing intensive semester-long study of a particular topic not included in the curriculum are able to enroll in ENGL 621 – Fall Directed Reading, ENGL 622 – Spring Directed Reading, or another department’s graduate-level independent study course (3 credit hours) as an alternative to established courses. With the instructor’s agreement, a topic and plan for the course must be devised, and approval must be granted for student participation by his/her Director of Graduate Studies. Instructor and department permission (signatures) are required on this form, as well as on the Office of the Registrar’s Graduate Special Registration Request Form (please see https://registrar.rice.edu/online_forms#GR). Both should be completed by the add/drop registration deadline set by the Office of the Registrar.

Student name: ____________________________________ Student ID#: _______________________

Term: _________________ Instructor Name/Dept: _________________________________________

Catalog Course Prefix/#: ____________________ Course title: ________________________________

If applicable, undergraduate equivalent catalog course prefix/#: ____________________________

☐ I have attached a description of the agreed upon plan of study to this form, which includes a short description of the topic and how it will be covered (one paragraph), a schedule of meetings between the faculty member and the student (once a week for X hours, e.g.), a preliminary reading list, a list of the written assignments (i.e., Final seminar-length paper, or 4 short (3-page) response papers on different aspects of the topic), and an explanation of what the grade and evaluation will be based on.

By my signature, I acknowledge the established course plan, as outlined in the attached document, and agree to the expectations that have been set for earning course credit.

Student signature: ___________________________ Date: __________________

Instructor signature: __________________________ Date: __________________

Director of Graduate Studies: __________________________ Date: __________________

[This form will be kept in the graduate student’s file after all signatures are obtained. The Graduate Special Registration Request Form must be completed and turned into the Office of the Registrar. Questions? Please contact the Graduate Program Administrator, Dina Galley, at dina.galley@rice.edu.]