

Request for ARCH 699 Directed Work

Submit this form to the SOA Student Services Office, Room 202.

A maximum of 3 credits of ARCH 699 can be applied to degree requirements.

Student's Name _____ ID _____

Email _____

Semester/Year _____ Number of credits (1-12) _____ Grading Option _____

Faculty Member Name _____

Project Title _____

Doctorate Project Title to be provided if ARCH 699 is being requested during or after enrollment in ARCH 781:

Justification as to why a ARCH 699 is needed.

Please attach the following to this form:

Project Description

Bibliography/books to be read

Schedule of meetings, showing frequency of student/professor meetings

Detailed list of deliverables (basis on which credits are to be awarded)

Student signature *date*

Faculty signature *date*

Approved / Not Approved

Director of Academic Affairs signature *date*