

**MICHIGAN STATE
UNIVERSITY
COLLEGE OF LAW**

LL.M./M.J. DIRECTED STUDY FORM

SEMESTER: Fall 20 _____ Spring 20 _____ Summer 20 _____

NUMBER OF CREDIT HOURS: _____

PID: _____

Mr. First Name: _____ Surname : _____
Ms.

Student Signature: _____ Date: _____

Print Professor's Name: _____

Date: _____
Professor's Signature is necessary for a Directed Study

Date: _____
LL.M./M.J. Advisor's Signature is necessary for a Directed Study

Date: _____
Associate Dean for Graduate and International Programs Signature **(only required when directed study credits are OTHER than 2 credits)**

The Registrar's Office requires at least 24-48 hours to process all requests.

Please submit to the Registrar's Office in person, Room 309,
via email regist@law.msu.edu or by fax 517-432-6821.

Office Use Only:

COURSE NUMBER: 624 Section ID #: _____

Staff Initials: _____ Date: _____

Revised 8-4-16