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MMI 699 – Directed Study

University of Wisconsin School of Medicine and Public Health (SMPH)
Department of Medical Microbiology & Immunology (MMI)

TO STUDENT and 699 INSTRUCTOR: Fill out, sign and give completed form to MMI Administrator BEFORE semester starts. Student will then be given permission to enroll.

Student Name (last, first):	
Student Campus ID #:	
Student's Email address:	
Semester/Yr of 699 class (ie, Fall 2015):	
Number of 699 credits:	
699 Instructor Name (last, first):	
Planned weekly meeting between student and instructor (date and time):	

Course Objectives – describe the objectives of this directed study project (attach additional pages as needed):

Course “Deliverables” – describe what the student will present to the instructor, on/before the last day of class, to demonstrate accomplishment of course objectives (attach additional pages as needed):

I have read the above and agree to the conditions for directed study.

Signature of student: _____ **Date:** _____

Signature of instructor: _____ **Date:** _____