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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:** \_\_\_\_\_