

University of Nevada, Las Vegas
Department of Sociology

APPROVAL FOR DIRECTED READINGS
SOC 796

Must be submitted prior to registration.

Name: _____ L Number: _____ Date: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Semester: Fall Year: 2007 Credits: 1

Description of Proposed Project, Area of Study, etc.

Approval Signatures:

_____	_____
Student	Date
_____	_____
Student's Committee Chair (Type Chair's Name):	Date
_____	_____
Instructor's Signature (Type Instructor's Name):	Date
_____	_____
Department Chair/Grad. Coordinator	Date