

Marquette University Law School  
Directed Research Form

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**Please see *Law School Academic Regulations* Section 501 before completing this form.**

Name: \_\_\_\_\_

MUID#: \_\_\_\_\_

Faculty Supervisor: \_\_\_\_\_ Number of Credits: \_\_\_\_\_

Semester

Fall

Spring

Summer

Year \_\_\_\_\_

Number of credits completed prior to the semester in which you plan to enroll in Directed Research: \_\_\_\_\_

\_\_\_\_\_  
Signature

**Please return this form to the Law School Registrar, Student Services Office, Room 238.**

\_\_\_\_\_  
*Office Use Only*

*Section Assigned* \_\_\_\_\_ *Class #* \_\_\_\_\_ *Term* \_\_\_\_\_