Directed Study Request Form

Student#__________________ Name_______________________ Phone#________________
Course #_________________ Title_________________________ Semester Hours_________
Instructor_________________________________ Term and Year________________________

Reason for request:

Required Signatures:

Student_____________________________________________ Date___________________
Instructor___________________________________________ Date___________________
Department Chair____________________________________ Date___________________

For part-time students only:
Student Accounts Manager_________________ Amount of Fee________________ Date______

VPAA___________________________ Date___________________

Attach the syllabus to be used for this particular DIRECTED STUDY, including specified meeting
times, readings, papers, projects, conferences, and any other important aspects of learning or
assessment expected for the course. Registration for directed study is permitted through the
fourth week of classes.

Return completed form and course proposal to the office of the Vice President for Academic Affairs.

Copy: Registrar Date___________________ (Rev. 12/00; 3/02)