

# MUSKINGUM

U N I V E R S I T Y

## Directed Study Request Form

Student# \_\_\_\_\_ Name \_\_\_\_\_ Phone# \_\_\_\_\_

Course # \_\_\_\_\_ Title \_\_\_\_\_ Semester Hours \_\_\_\_\_

Instructor \_\_\_\_\_ Term and Year \_\_\_\_\_

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### Reason for request:

### Required Signatures:

Student \_\_\_\_\_ Date \_\_\_\_\_

Instructor \_\_\_\_\_ Date \_\_\_\_\_

Department Chair \_\_\_\_\_ Date \_\_\_\_\_

For part-time students only:

Student Accounts Manager \_\_\_\_\_ Amount of Fee \_\_\_\_\_ Date \_\_\_\_\_

Provost \_\_\_\_\_ 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 Provost.

Copy: Registrar \_\_\_\_\_ Date \_\_\_\_\_

(Rev. 12/00; 3/02)