


Merrimack
C O L L E G E

North Andover, Massachusetts 01845, 978-837-5000

REQUEST FOR DIRECTED STUDY

This form is to be filled out completely before the student can register for a directed study. The student must register before the end of drop/add.

Section I: (To be completed by student)

Name _____ ID# _____ Major _____

Semester: Fall _____ Spring _____ Summer _____, 20 _____

Section II: (To be completed by supervising faculty member)

Complete Course # _____ Title: Directed Study _____

Brief description: _____

of Credits: _____

Course number equivalent to (if applicable): _____

Beginning date: _____ Ending date: _____

Frequency of meeting: _____

Method of evaluation: (tests, papers, journal, oral exam, etc) _____

This directed study fulfills a: Major req. _____ Institutional req. _____
Distributinal req. _____ Open elective _____

Section III:

Signature of faculty member: _____ Date: _____

Print instructor name: _____

Signature of student: _____ Date: _____

Signature of department chair: _____ Date: _____

White - Registrar

Yellow - Dept Chair

Pink - Student