



MERRIMACK COLLEGE

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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/_____

of Credits: _____ Course # equivalent to (if applicable): _____

Brief description: _____

Beginning Date: _____ Ending Date: _____

Frequency of Meetings: _____

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

This Directed Study fulfills a: Major Req: _____ Institutional Req: _____

Distributional Req: _____ LS Core Req: _____ Open Elective: _____

Section III:

Signature of faculty member: _____ Date: _____

Faculty member printed name: _____

Signature of student: _____ Date: _____

Signature of department chair: _____ Date: _____