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: _________________