REQUEST FOR DIRECTED STUDY

DIRECTED STUDY - designed to allow students to pursue a course offering listed in the catalog without requiring attendance in regular class sessions. MUST BE SUPERVISED BY AN APPROVED FACULTY MEMBER.

CORE COURSES MAY BE DONE BY DIRECTED STUDY ONLY IN EXTREME CIRCUMSTANCES, IN WHICH CASE PERMISSION MUST BE OBTAINED FROM THE ACADEMIC DEAN.

ALL ITEMS MUST BE ATTACHED TO THE PROPOSAL OR IT WILL BE RETURNED TO THE STUDENT

Name: _____ Date: _____

Address: _____

Degree/Concentration: _____ Quarter Requested: _____

1. **Consult** with desired supervisor and obtain the professor's agreement to supervise this Directed Study.

   Course: _____

   Professor's signature: _____

2. **Provide** a written explanation of why this course is desired by Directed Study. Attach separate sheet.

3. **Obtain** a copy of the **AMENDED** syllabus from the professor and attach it to this form. The directed study may use a regular course syllabus, but must include additional work to cover the lost class time. Preferably a syllabus specifically created for the directed study should be developed. **(Professor may NOT request that a syllabus copy be pulled from the files.)**

4. **Communication Agreement:** The student must contact the professor at least once every two weeks during the directed study time period. Students are encouraged to do so by email; other options include office appointments, phone calls or other means deemed appropriate. Student signature: _____

5. **The Directed Study fee is $50 per credit hour; a check must be attached.** (This is in addition to tuition charges.) If using student loans to pay tuition, check here if this fee is to be billed to your account: _____

6. **Submit** proposal and all items requested to the Registrar. It will then be submitted to the Department Chairperson and the Academic Dean.

7. **APPROVAL** is required before a directed study may be registered for or coursework started. **The student must gain all necessary approvals before the end of the add/drop period for the desired quarter of registration**.

ACTIONS:

_____ Approved as Proposed

_____ Not approved; reason(s) follows:

_____ Approved with modifications as follows:

_____ _____

Department Chairperson *Date* *Academic Dean* *Date*

Course number assigned: _____

FEE PAID: _____

____Copy - Supervisor
____Copy - File
____ Original – Student

Revised 3/08