

**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 INSTRUCTOR.**

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

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

Name: \_\_\_\_\_ ID # \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_

Degree/Concentration: \_\_\_\_\_ Term 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 \$120 per credit hour; this is in addition to tuition charges.**

1. **Submit** proposal and all items requested to the Department Chairperson and the Academic Dean for signed approval. Electronic signatures are acceptable. Once required signatures are obtained, please submit all documents to the ATS registrar's office (fax 419-289-5650; email [ATS-registrar@ashland.edu](mailto:ATS-registrar@ashland.edu); mail, or in person).

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

**ACTIONS:**

\_\_\_\_\_ Approved as Proposed

\_\_\_\_\_ Approved with modifications as follows:

\_\_\_\_\_ Not approved; reason(s) follows:

\_\_\_\_\_  
*Department Chairperson*                      *Date*

\_\_\_\_\_  
*Academic Dean*    *Date*

Course number assigned: \_\_\_\_\_

An email notification will be sent to verify registration with a copy of the approved request.

FEE PAID: \_\_\_\_\_