PROPOSAL FOR DIRECTED STUDY—COUNSELING

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 a faculty member. Note: Core counseling coursework may not be done by directed study.

PROCEDURE FOR OBTAINING PERMISSION FOR A DIRECTED STUDY:

1. Provide a written explanation why this course is desired by Directed Study to the Counseling Department Chairperson. This must be done well in advance of the quarter wherein the Directed Study is requested to take place.

   Chairperson’s Signature:
   Permission to proceed with application: □ Yes □ No

2. Consult with desired professor and obtain their agreement to supervise this Directed Study. Proposal will be returned to the student if not included.

   Course: _____________________________

   Professor’s signature: _____________________________

3. Obtain a copy of the syllabus from the professor and attach it to this form. Proposal will be returned to the student if not included.

4. A check for the Directed Study fee ($50 per credit hour) must be attached to this form (This is in addition to any tuition charges that might apply). Proposal will be returned to the student if not included.

5. Give this form and completed proposal to the Registrar. It will then be submitted to the Department Chairperson and the Academic Dean.

6. The Directed Study must be approved before it can be registered.

Name: _____________________________ Date: ___________
Address: _____________________________

Degree Program/Concentration: _____________________________

Directed/Independent Studies previously requested? _____________

YEAR & QUARTER STUDY IS REQUESTED: _____________

ACADEMIC DEAN’S ACTION:

_____ Approved as proposed

_____ Approved with modifications as follows:

Not approved

Department Chairperson ___________________________ Academic Dean ___________________________

Date ___________________________ Date ___________________________

REGISTRAR’S ACTION

Course number assigned: ________________

E-mail – Supervising Professor
E-mail – Student
Copy – File

FEE PAID ________________

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