Directed Study Form

Student ID #: ___________________________  Program: □ Day □ Evening

Last Name: ______________________________ First Name: ______________________ M.I. ______

Local address: ____________________________________________________________________________

City: ______________________________ County: __________ State: ______ Zip ______

Home Phone: (____) __________________________ Work Phone: (____) __________________________

ELIGIBILITY REQUIREMENTS

1. Completion of at least 45 semester hours of coursework;
2. Prior completion of at least 6 semester hours in the discipline of proposed study, and
3. A cumulative GPA of 3.0 or higher.

The above student meets the eligibility requirements listed. Confirmed By: _________ Date: _________

PROCEDURES TO REGISTER FOR A DIRECTED STUDY COURSE

All steps must be completed before the end of the add period.

1. The student drafts a preliminary proposal that outlines the nature of the study, the level of difficulty, and the number of semester hours of credit.
2. The student, with the help of the faculty and his/her advisor, identifies possible supervising faculty members for the project.
3. The student contacts the potential supervising faculty member seeking her/his supervision and subsequent approval of the proposed directed study.
4. The student, with the help of the supervising faculty member, completes the Directed Study Contract on the second page of this form.
5. The student attaches the proposal to this contract and obtains the appropriate signatures from the supervising faculty member, the Department Chair and the Provost.
6. The student takes this contract with the attached proposal to Enrollment Service Center in MOH 205, once all of the necessary signatures have been obtained. This must be accomplished prior to the end of the add period or the contract becomes void.
DIRECTED STUDY CONTRACT

Department: ____________________________ FALL SPRING SUMMER
Semester Hours: □ 1 □ 2 □ 3
□ 255 □ 256 □ 257
□ 355 □ 356 □ 357
□ 455 □ 456 □ 457

Academic area of the study: ____________________________ Title of the study: ____________________________
Learning objectives:
1. ___________________________________________
2. ___________________________________________
3. ___________________________________________
4. ___________________________________________
5. ___________________________________________
Resources to be used:
1. ___________________________________________
2. ___________________________________________
3. ___________________________________________
4. ___________________________________________
5. ___________________________________________
Evaluation methods to be employed:
1. ___________________________________________
2. ___________________________________________
3. ___________________________________________
Project completion date: ____________________________

1. Student’s Signature: ____________________________ Printed Name: ____________________________ Date: ____________
2. Supervising Faculty Member’s Signature: ____________________________
   □ Approval □ Denial Printed Name: ____________________________ Date: ____________
3. Department Chair’s Signature: ____________________________
   □ Approval □ Denial Printed Name: ____________________________ Date: ____________
4. Provost’s Signature: ____________________________ Date: ____________
   □ Approval □ Denial

REASON FOR DENIAL:
___________________________________________________________
___________________________________________________________
___________________________________________________________

Office of the Registrar: July 2015