

APPLICATION FOR DIRECTED STUDY (499, 503 only)

INSTRUCTIONS FOR STUDENTS

1. Complete Part A and B on this application.
2. Obtain the signatures of the faculty member supervising your directed study, your adviser, the Chairperson of the Department in which the proposed project is to take place, and the Dean of the appropriate School (Arts and Sciences, Business, or Education and Allied Studies).
3. File the form with the Registrar's Office by the last day of the drop/add period for the semester or term.

NOTE:

- Directed Study is limited to three credits with a maximum of six credits for graduation purposes.
- Directed Study may not take the place of a course offered by the college.
- Directed Study is open to matriculated undergraduate students in their junior or senior year and to matriculated graduate students ONLY.

See current catalogue section "Academic Programs" for guidelines on Directed Study.

PART A – To be completed by the student – PLEASE PRINT:

NAME _____ MAJOR(S) _____

BANNER ID# _____ MINOR _____

CLASS/LEVEL: ___JR ___SR ___Graduate Student E-MAIL _____

SEMESTER (Check one): YEAR _____

Fall _____ Spring _____ Summer I _____ Summer II _____ Summer 10 Week _____

Full Year (Sept-May) _____ Odd Date (specify start and end dates) _____

DIRECTED STUDY DEPARTMENT: 4-Letter Course Department Code (ex. PSYC) _____

COURSE NUMBER (check one): _____ 499 (Undergraduate) _____ 503 (Graduate)

TOTAL CREDIT HOURS: _____ 3 credits _____ 2 credits _____ 1.5 credits _____ 1 credit

SUMMARY "TITLE" of Proposed Directed Study _____

PART B – To be completed by the student and faculty supervisor:

DESCRIPTION OF DIRECTED STUDY PROPOSAL:

Please provide a brief description of the proposed project which should include the goals, action plan and grading methods.

GOALS: _____

ACTION PLAN: _____

GRADING: _____

STUDENT SIGNATURE _____ **DATE** _____

PART C – To be completed by the major and supervising departments:

This proposed Directed Study does not duplicate any BSC course or material studied in any required or elective course; nor is it an internship or research course. By my signature, I approve this student to register for the course work and credit described above and on page 1 of this application.

ADVISER SIGNATURE _____ **DATE** _____

NAME OF FACULTY SUPERVISOR (PLEASE PRINT) _____

FACULTY SUPERVISOR SIGNATURE _____ **DATE** _____

DEPT. CHAIR of PROJECT SIGNATURE _____ **DATE** _____

SCHOOL DEAN SIGNATURE _____ **DATE** _____

FORWARD APPROVED FORM TO REGISTRAR'S OFFICE FOR PROCESSING