Directed Study Request

The fee for a Directed Study is $200 per credit hour, in addition to tuition

Please Type or Print.

Student Name: ___________________________________________ ID: ____________________________

Last name       First Name       Middle Name

Classification: ☐ Freshman    ☐ Sophomore    ☐ Junior    ☐ Senior    ☐ Other

Major: ___________________________________________ Cumulative GPA: __________________

Registration Information for Directed Study Course:

Semester: □ Fall    □ Spring    □ Summer    Year: __________

Session: □ S1    □ S2    □ Full Semester

Course Number & Title: ___________________________________________ Credit Hours: ________

Instructor Name: ___________________________________________

Reason for Requesting Course as a Directed Study:

__________________________________________________________________________________________________________________________________________

__________________________________________________________________________________________________________________________________________

Have you previously attempted this course? □ No    □ Yes, Grade Earned: ________

List any courses taken as a directed study previously: ___________________________________________

__________________________________________________________________________________________________________________________________________

__________________________________________________________________________________________________________________________________________

__________________________________________________________________________________________________________________________________________

Student’s Signature: ___________________________________________ Date: ____________________________

Mentor’s Signature: ___________________________________________ Date: ____________________________

Instructor’s Signature: ________________________________________ Date: ____________________________

Program Coordinator’s Signature: ______________________________ Date: ____________________________

School Chair’s Signature: ____________________________________ Date: ____________________________

Business Office Signature: __________________________________ Date: ____________________________

Provost’s Signature: _________________________________________ Date: ____________________________

Updated 1/2023