



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:** _____