

DIRECTED STUDY APPLICATION FORM

SEMESTER:

- () Fall _____
- () Spring _____
- () Summer _____

STUDENT'S NAME: _____

SS#: _____ PHONE #: _____

COURSE NAME & NUMBER: _____ PROFESSOR: _____

REASON FOR TAKING COURSE BY DIRECTED STUDY: _____

STUDENT'S CLASSIFICATION: _____ CREDIT HOURS OF COURSE: _____

- () Sophomore (30-59 hours completed)
 - () Junior (60-89 hours completed)
 - () Senior (90 or more hours completed)
 - () Special (already has a bachelor's degree)
- STUDENT'S CUMULATIVE GPA: 3.0 or above _____
2.5 to 2.99 _____
2.0 to 2.49 _____
below 2.0 _____

PLAN OF STUDY ****Syllabus is Required****

Brief Course Description and Objectives:

Course Requirements and Activities: (Be specific in explaining reading assignments, writing experiences, examinations, and any other projects. Continue on back if necessary.)

Contact Hours: (List day of week, hour and dates of meeting---a general guideline is one hour a week for 15 weeks for a three-credit course. Refer to Faculty Handbook.)

Starting Date: _____ Ending Date: _____

Evaluation: (What activities will be evaluated, weight given to each evaluated activity, etc.)

Reason for Directed Study:

APPROVALS

Student Date Professor Date

Student's Advisor Date Dean Date Chief Academic Officer Date