

# Directed Study Application Form

Student's Name: \_\_\_\_\_ **SEMESTER:**  
 Fall \_\_\_\_\_

ID#: \_\_\_\_\_ Email: \_\_\_\_\_  Spring \_\_\_\_\_  
 Summer \_\_\_\_\_

Course Number and Name: \_\_\_\_\_

Professor: Professor's Email: \_\_\_\_\_

Reason for taking course by Directed Study: \_\_\_\_\_

\_\_\_\_\_

Student's classification: \_\_\_\_\_ Credit hours of course: \_\_\_\_\_

- |   |  |
|---|--|
| <input type="checkbox"/> Sophomore (30-59 hours completed)        | Student's Cumulative GPA: 3.0 or above _____ |
| <input type="checkbox"/> Junior (60-89 hours completed)           | 2.5 to 2.99 _____                            |
| <input type="checkbox"/> Senior (90 or more hours completed)      | 2.0 to 2.49 _____                            |
| <input type="checkbox"/> Special (already has a bachelors degree) | below 2.0 _____                              |

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## 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, and final grading scale, e.g. 95-100 = A, etc.)

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## APPROVALS

\_\_\_\_\_  
Student Date Professor Date

\_\_\_\_\_  
Division Chair of Course Student's Advisor VP for Academic Affairs