DIRECTED STUDY COURSE PROPOSAL FORM

(This form must be filed with the Registrar no later than the last day of add/drop period.)

Student: ____________________________________________________ Last, First

Student ID#__________________________________________________

Instructor____________________________________________________________________________________

Semester/Year________________________Major/Minor_____________________________________________

Student Status: Undergraduate ______ Graduate _______Adult Education ______ Other_____

Course Number ___________ Course Title ____________________________________________________________

Rationale for Directed Study______________________________________

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Attach a syllabus for the Directed Study. Syllabus should clearly state the following: 1. Objectives of the Directed Study; 2. List of reading and writing assignments; 3. Requirements such as text book etc. of the course, 4. Number of conferences planned for the semester and purpose (s) of these conferences; 5. Deadlines for submission of work; and 6. Criteria for the final grade.

Q.1. Is this course listed in the catalog? If Yes ___ (Read the following a & b parts) If No _____ (Go to Q.2.)

a. If the course is listed in the catalog, is from the instructor’s discipline and also normally taught by the department, Academic Standards does not need to review the course/provide a signature but still needs the syllabus and this form for its records.

b. If the course is listed in the catalog but is not from the instructor’s discipline, the instructor must first seek permission from the Program Coordinator/Faculty Chair before submitting the form and syllabus to Academic Standards.

Q.2. If the course is not listed in the catalog, the instructor must submit the syllabus and this form to the Program Coordinator/Faculty Chair and the Academic Standards Committee approval.

Signature of Student______________________________________________ Date____________________

Signature of Instructor_____________________________________________ Date____________________

Signature of Program Coordinator or Faculty Chair______________________ Date____________________

Signature of Academic Standards Committee (only for courses not listed in course catalog) ______________ Date_____

Registrar________________________________________________________ Date____________________

Copy to: Student, Instructor, Program Coordinator/Faculty Chair, Academic Standards Committee, and the Registrar.