Directed Study Form

Student Name: ____________________________________________ Date: __________

Student ID#: __________________________________________ Student Email: ________________

Intended Course Number: ___________ Section: ___________ (assigned by Monica)

Intended Credits: __________

Reason for Directed Study:
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________

Scope of Directed Study (Project or Presentation Description)
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________

Instructor: __________________________________________________________________________

Approved by: __________________________________________ Date: ________________

Ann Hoste, Department Chair