

DIRECTED STUDY (DR) REQUEST FORM

TERM: Fall Spring Summer Session 1 Summer Session 2

STUDENT TYPE: Traditional Online Evening

STUDENT INFORMATION		
Last Name	First Name	MI
Student ID #	Major () -	Advisor
Current Email Address	Current Telephone #	Box #

PERMISSION INFORMATION			
Course Code	Course Title	Credit Hrs.	Requested Instructor
DIRECTED STUDY ELIGIBILITY CRITERIA:			
• Course requested is a 3000 or 4000 level course.			<input type="checkbox"/> MET
• Student has an unavoidable scheduling conflict:			<input type="checkbox"/> MET
At the time of request,			
• Student has a minimum cumulative GPA of 2.5: Current GPA = _____			<input type="checkbox"/> MET
• Student has a minimum of 64 earned credit hrs: Current Hrs = _____			<input type="checkbox"/> MET
• Student will not exceed 12 DR hours total, if approved:			<input type="checkbox"/> MET
• Student will not exceed 6 DR hours in major core, if approved:			<input type="checkbox"/> MET
• Student will not exceed 18 credit hours in the term requested, if approved:			<input type="checkbox"/> MET
ACADEMIC ADVISOR			
I confirm that the above named student is eligible to complete this course by directed study because he/she has met all of the necessary criteria.			
_____ / /			
Print Name	Advisor Signature	Date	
INSTRUCTOR			
I agree to oversee this student's directed study of the course listed above. I understand that I am responsible to enter the final grade for this directed study by the grade entry deadline.			
_____ / /			
Print Name	Instructor Signature	Date	
DEPARTMENT CHAIR PRESIDING OVER THE COURSE			
I approve of this student's request. The instructor has not exceeded his/her maximum number of DR's in the requested term and the course is appropriate to be taken by directed study.			
_____ / /			
Print Name	Department Chair Signature	Date	

COMPLETE REVERSE SIDE

DIRECTED STUDY PROCESS

POLICIES:

- The following conditions must be met for your directed study request to be approved:
 - You have an unavoidable scheduling conflict.
 - The course is required to complete your degree program.
 - The course will not be offered again before your scheduled graduation date.
- A directed study fee of \$100. will be charged per credit hour, in addition to the normal tuition rate. Contact the Student Accounts Office for information.
- Directed study courses must be completed during the normal semester session. The normal grading scale applies to courses completed by directed study.

DEADLINES:

- Directed Study Request forms must be received by the Registrar's Office by the last day of Add/Drop week to be considered.
- Drop requests (full refund) must be completed by the last day of Add/Drop week to be considered.

DIRECTIONS:

- Take this completed form to your Academic Advisor to determine your eligibility. If eligible, your advisor will submit the form to the requested instructor. Your advisor will inform you if you are ineligible.
- If your requested instructor agrees to oversee the directed study, he/she will submit the form to his/her Department Chair. If he/she is unable to oversee your DR, he/she will return the form to your advisor, who will inform you of the decision.
- If the Department Chair approves of your request for directed study, he/she will submit the form to the Office of the Registrar, so that the course may be added to your schedule in the requested term. Check your schedule online via your student login, to determine whether the course has been added successfully.

APPEALS:

- If your Academic Advisor determines that you are ineligible, you may submit a written appeal to the Department Chair presiding over your major.
- If the instructor you've requested is unable to oversee your directed study, you may submit a new directed study request form with an alternate instructor.
- If the Department Chair presiding over the course denies your request, you may submit a written appeal to the Academic Dean.
- You will be notified by your Academic Advisor regarding the result of your appeal.

I UNDERSTAND AND AGREE TO THE TERMS LISTED ABOVE.

Student Signature

Date

THIS SECTION TO BE COMPLETED BY REGISTRAR'S OFFICE

Scheduled by _____ Date: ____/____/____