

REQUEST FOR DIRECTIVE OR INDEPENDENT STUDY

POLICY

Directive/Independent studies are closely monitored courses of study allowed for upper division students, for the meeting of conflicts and other emergencies arising in the normal course of studies, or for those who desire to go beyond regular course requirements to research a particular area of interest.

The application procedure for these courses must be initiated by the student's advisor in consultation with the student. Registering for such courses must be completed during pre-registration.

Students will not be approved to take more than two directive/independent studies in any one semester, or more than a total of twelve hours of directive/independent study during their course of study at the College.

Name: _____ Student No: _____ SPO No: _____

Email address: _____

Semester for which directive/independent study is requested: Fall 20____ Spring 20____ Summer 20____

Course Desired: _____ Code: _____ Credit Hours: _____

Number of hours previously taken by directive or independent study: _____

Reason for request: _____

Completion Date of Directive/Independent Study: _____ *This date is to be assigned by the professor. Normal allowable time for completion is three months. Permission will automatically expire after this date.*

APPROVALS Initials of the following individuals are required in the numerical order indicated before a directive or independent study will be considered approved.

1. Advisor: _____ 3. Registrar: _____ 5. Academic Dean: _____
2. Professor: _____ 4. Financial Aid Director: _____
(summer directives & part-time students only)

NOTES AND/OR CONDITIONS

Students should understand that once they have registered for these courses, a contract exists between the professor, the student, and the college. Violation of the contract by not completing the directive by the due date will result in failure of the course. Such accounts become part of the student's permanent record. There is no withdrawal policy for such courses.

I understand and agree to the terms and conditions of this request.

Student's Signature: _____ Date: _____

THIS SECTION TO BE COMPLETED BY PROFESSOR WHEN STUDENT RECEIVES MATERIALS

Date materials received by student: _____ 1. Professor: _____ 2. Student: _____