

# APPLICATION FOR DIRECTED STUDY



## STUDENT INSTRUCTIONS:

1. Contact your Advisor and request permission to take the course.
2. Complete the student information section and indicate the reason for your request. Attach a completed degree planning form if required.
3. Get the required signatures as outlined below.
4. Return the completed form to the Registrar's Office. You will not be registered for this course until you have obtained all the required signatures and returned this form to the Registrar's Office.

NOTE: A student may not use these instructional methods for more than two courses in any one semester.

Student Name: \_\_\_\_\_ ID: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email address: \_\_\_\_\_

Declared Major(s): \_\_\_\_\_ Degree Sought:  Associate

UP CUMULATIVE GPA: \_\_\_\_\_ TOTAL CREDITS EARNED: \_\_\_\_\_  Bachelor

Master

## \*COURSE DESIGNATION: (INCLUDE SUBJECT/NUMBER AND COURSE DESCRIPTION)

DEPT	NUM	CREDIT	TITLE	INSTRUCTOR

Semester taking course:  Fall 20\_\_\_\_  Spring 20\_\_\_\_  Summer 20\_\_\_\_

If approved as 8-week program; indicate session for 8-week course:  Session 1  Session 2

## REASON FOR REQUESTING DIRECTED STUDY: (CHECK ONE)

Interested in exploring a subject in more depth, or a subject that is not offered at UP.

Exception sought. *[Extenuating circumstances may be grounds for exceptions (i.e., a graduating senior who has a scheduling conflict among required courses). This permission should be documented and attached to this form when submitted. A written rationale is required on the back of this form.]*

## Required Signatures

\_\_\_\_\_  
STUDENT

\_\_\_\_\_  
DATE

\_\_\_\_\_  
ADVISOR

\_\_\_\_\_  
DATE

\_\_\_\_\_  
SUPERVISING INSTRUCTOR

\_\_\_\_\_  
DATE

\_\_\_\_\_  
DEPARTMENT CHAIR/ASSOCIATE DEAN

\_\_\_\_\_  
DATE

\_\_\_\_\_  
DEAN

\_\_\_\_\_  
DATE

Please use this sheet for additional information. Please include assignments, how they will be assessed, assignment due dates, and a reading list or scholarly resources for which the student will be responsible in this project.

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**SUPERVISING INSTRUCTOR’S RATIONALE** (please include a narrative rationale for seeking an exception to this policy, explaining how alternative measure for meeting program requirements have been exhausted and/or why consortium courses were not used to meet these requirements):

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**UPON COMPLETION OF FORM AND SIGNATURES, PLEASE RETURN TO THE REGISTRAR’S OFFICE.**

Registrar’s Office use only:		
CRN	Date	Initials