If you wish to conduct research in a specific area of interest under the guidance of a faculty member, you may apply for a directed study. A directed study may not substitute for a required course or duplicate an elective course already completed or that is offered at the college. Upon completion of the directed study, you will receive a grade from the sponsoring faculty member. The grade will be included in the computation of your grade point average.

Checklist:

- Discuss directed study plans with the appropriate faculty member. If unsure about which faculty member to contact, ask the appropriate Department Chair for a recommendation.

- Negotiate area of investigation, requirements and evaluation criteria with the sponsoring faculty member.

- Fill out the application for directed study (reverse side) and have it signed by the sponsoring faculty member, Department Chairman and Program Director (if PNP or HSM).

- Return this form to the Graduate Programs Office for approval with your registration form before the start of the semester. Upon approval, the Graduate Programs Office will assign a course number for the class and register you for the course.

- Complete the directed study under the guidance of a faculty member.
Name: ____________________________________________________    BUID: U ______________________________
Phone: ________________________________    E-mail: ________________________________

Date Directed Study Form Submitted: ____________________

Number of Credits for Directed Study (please check one):  □ 1  □ 2  □ 3

Intended Semester of Directed Study:  □ Fall  □ Spring  □ Summer I  □ Summer II

Faculty Sponsor: ____________________________________     Department: ________________________________

Please legibly print or type the content of the proposed study and the requirements that will form the basis for the assignment of a final grade below:

Required Signatures:

Student: _____________________________________________ Date: _______________

Faculty: _____________________________________________ Date: _______________

Department Chair: ________________________________ Date: _______________

Program Director (if HSM or PNP): ________________________________ Date: _______________

For Graduate Programs Office Use Only:

Date Registered: _____________________

Course Number & Section: _____________________________________________

Authorized Signature: _______________________________________________