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 Academic & Career Development Center for approval with your registration form before the start of the semester. Upon approval, the GACDC 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: ____________________
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 Academic & Career Development Center Use Only:

Date Registered: _______________________

Course Number & Section: _______________________________________________________

Authorized Signature: _________________________________________________________