

## DIRECTED STUDY CONTRACT

The University reserves the right to offer a Directed Study to students in fulfillment of the normal degree requirements. This option is reserved for students who might not otherwise graduate on schedule. A Directed Study is an optional method of completing requirements for a specific course which is required in the student's program. Students may petition and apply for a Directed Study only in exceptional circumstances. A minimum cumulative GPA of 2.00 is required. (Academic Policy E4.091)

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Student ID#: \_\_\_\_\_

Term/Year: \_\_\_\_\_

\_\_\_\_\_  
(Print Last Name)

\_\_\_\_\_  
(Print First Name)

Course Number & Title \_\_\_\_\_  
(i.e. ENG 375 DS: Golden Age)

**REASON:** \_\_\_\_\_

Upon approval of this request, I agree to abide by the terms of the attached syllabus as well as the information provided below.

Student Signature: \_\_\_\_\_

Date: \_\_\_\_\_

NOTE: The student must submit this completed Directed Study Contract to the Registrar's Office by the end of the drop/add period of the semester in which the Directed Study will be taken.

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### RATIONALE:

Academic Advisor Signature: \_\_\_\_\_

Date: \_\_\_\_\_

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(To Be Completed by the Faculty Mentor. Please attach Syllabus.)

I. METHODOLOGY OF INSTRUCTION:

II. NUMBER OF MEETINGS:

III. METHOD OF EVALUATION:

**FACULTY MENTOR SIGNATURE:** \_\_\_\_\_ **Date:** \_\_\_\_\_

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The above named student has met all GPA and related requirements as outlined in the current catalog. Yes \_\_\_\_\_ No \_\_\_\_\_

**REGISTRAR:** \_\_\_\_\_ **Date:** \_\_\_\_\_

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I, the undersigned, have read the requested information above and approve this Directed Study for the above named student.

**SCHOOL DEAN (Sponsoring School):** \_\_\_\_\_ **Date:** \_\_\_\_\_

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