

SEMESTER \_\_\_\_\_ YEAR \_\_\_\_\_

**STUDENT INFORMATION:**

Student ID \_\_\_\_\_

Last Name \_\_\_\_\_

First Name \_\_\_\_\_

Major \_\_\_\_\_

Day Phone \_\_\_\_\_

**COURSE INFORMATION:**

Course Number \_\_\_\_\_

Course Title \_\_\_\_\_

Credits \_\_\_\_\_ Grade Type: P/F \_\_\_\_\_ Letter Grade \_\_\_\_\_

Begin Date \_\_\_\_\_ End Date \_\_\_\_\_

Faculty Instructor \_\_\_\_\_

*Course must be listed in the Current Course Catalog and not be offered in the semester of the Directed Study*

**POLICY:**

A Directed Study offers students the opportunity to study individually with a faculty member, on a contractual basis, to **substitute for a course** that is needed in the student's program of study, but is not available in a particular semester due to class cancellation. **Course substitutions should be considered before Directed Study.**

The Directed Study must provide a rigorous academic experience equivalent to that of any course, and all student learning outcomes for the course must be met. Students will be expected to meet with faculty as agreed upon in the Directed Study contract. The amount of supervision will be determined by the faculty member. The student must complete independent work hours commensurate with in-class courses, where 45 hours of learning activities are required for every one credit earned. (135 hours for a three-credit course.) Students must document their hours on the Directed Study Time Sheet.

- Only graduate students, or seniors with a minimum GPA of 2.5 are eligible.
- Students may take up to six (6) credits of Directed Study during their attendance at La Roche College.
- Individual departments may further limit the maximum number of Directed Study credits allowed.

**PROCEDURE:**

**This form, with all signatures and a copy of the course syllabus must be submitted to the Registrar's Office by the end of the add/drop period for the semester.** The Registrar's Office will add the course to the student's registration schedule.

**PLEASE ATTACH ADDITIONAL SHEET IF NECESSARY:****REASON FOR DIRECTED STUDY:**\_\_\_\_\_  
\_\_\_\_\_**METHOD OF STUDY:**\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_**CONTACT HOURS:** With Instructor \_\_\_\_\_ hrs./contacts/meetings/per \_\_\_\_\_ (week, month, semester)

Comments: \_\_\_\_\_

**METHOD OF EVALUATION:**\_\_\_\_\_  
\_\_\_\_\_

*Student must document independent work hours on the attached Directed Study Time Sheet*

**Note to Student:**

- Be prepared to expend the extra time and effort that a directed study course requires. Because contact time with your instructor will be much less than a regular course, this course demands initiative and self-discipline. Your cooperation will be appreciated and to your benefit.
- **Please provide a local address or mailbox number. A copy of this form will be mailed to you by the Registrar's Office.**

Address Line 1 or LRC Mailbox No. \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

Zip \_\_\_\_\_

**REQUIRED SIGNATURES:**

*I agree to complete the Directed Study under the conditions prescribed by the faculty instructor. By signing below I am requesting registration for the course listed and assume all academic and financial responsibilities related thereto.*

\_\_\_\_\_  
*(Student's Signature)*

\_\_\_\_\_  
*(Date)*

*I agree to offer this Directed Study course to the above named student during the specified semester time period. I will provide the student with the course syllabus, a copy of which the student must submit with this form to the Registrar's Office.*

\_\_\_\_\_  
*(Faculty Instructor's Signature)*

\_\_\_\_\_  
*(Date)*

\_\_\_\_\_  
*(Academic Advisor's Signature)*

\_\_\_\_\_  
*(Date)*

**ADMINISTRATIVE APPROVALS:**

\_\_\_\_\_  
*(Department Chair Signature)*

\_\_\_\_\_  
*(Date)*

\_\_\_\_\_  
*(Division Chair Signature)*

\_\_\_\_\_  
*(Date)*

*The above-named student meets the necessary criteria for a directed study.*

\_\_\_\_\_  
*(Registrar's Signature)*

\_\_\_\_\_  
*(Date)*

*The directed study, as described in the above contract is approved.*

\_\_\_\_\_  
**(Associate V.P. for Academic Affairs & Graduate Dean Signature)**

\_\_\_\_\_  
*(Date)*

Office of Academic Affairs - ZCC202

**REGISTRAR'S OFFICE USE:**

\_\_\_ Catalog

\_\_\_ Schedule

\_\_\_ Degree Audit

\_\_\_\_\_  
*(Registrar's Office Authorized Signature)*

\_\_\_\_\_  
*(Date)*

Course Number/Section \_\_\_\_\_

Copies to Faculty Instructor, Student, Academic Affairs.

You are now enrolled in the above-noted course and bound by all drop/withdrawal deadlines and refund policies of



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