SEASON AND YEAR _____________________________________________

STUDENT INFORMATION:                                      COURSE INFORMATION:

Student ID________________________________________________ Course Number _____________________________________________

Last Name________________________________________________ Course Title _____________________________________________

First Name ______________________________________________ Credits ______ Grade Type: P/F __________ Letter Grade ______

Major ________________________________________________ Begin Date __________________ End Date ___________________

Day Phone ______________________________________________ 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

(Continued on Back)

02/2015
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 and Graduate Dean signature) (Date)

REGISTRAR’S OFFICE USE:

Catalog

Schedule (Registrar’s Office Authorized Signature) (Date)

Degree Audit

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 the College.

02/2015
## DIRECTED STUDY STUDENT TIMESHEET

### STUDENT INFORMATION:
- Student ID: ____________________________
- Student Name: ________________________

### COURSE INFORMATION:
- Course Number: _______________________
- Course Title: _________________________
- Begin Date: ___________ End Date: ______
- Faculty Instructor: ____________________

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Total Hours

45 hours per 1 credits required. 135 hours for a 3-credit course.

I hereby certify that the information above is true and accurate.

(Student Signature) ____________________________ (Date) ________________

Student: Please submit completed timesheet to the Faculty Instructor by the end date indicated above.

02/2015