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.

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.
- 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: ______________

For Graduate Programs Office Use Only:

Date Registered: ____________________________

Course Number & Section: ____________________________________________________________

Authorized Signature: ______________________________________________________________

Assistant Director: _________________________________________________________________