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 Grad Center 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: U __________________________

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 Grad Center Use Only:

Date Registered: __________________________

Course Number & Section: __________________________________________

Authorized Signature: ____________________________________________