

# REQUEST FOR INDEPENDENT/DIRECTED STUDY

Semester \_\_\_\_\_

**INDEPENDENT STUDY** refers to study which is done on an individual basis with regular faculty supervision involving an individual research project or study in an area not included in a regular course.

**DIRECTED STUDY** refers to study which is done on an individual basis with regular faculty supervision which may take the place of regularly scheduled classes when scheduling problems arise before a student's graduation. With the exception of class meetings, the structure and requirements for a course taken under Directed Study will be the same as for the regularly scheduled course.

Name \_\_\_\_\_ ID \_\_\_\_\_

Local Address \_\_\_\_\_  
 \_\_\_\_\_

Phone Numbers: Work \_\_\_\_\_ Home \_\_\_\_\_

Major/s \_\_\_\_\_ Current CUC GPA \_\_\_\_\_

What is your reason for requesting Independent/Directed Study?

\_\_\_\_\_

\_\_\_\_\_

## INDEPENDENT STUDY

Course Prefix/Number	Sect	Course Title	Hrs	Instructor
295		Ind.St:		
495		Ind.St:		

## DIRECTED STUDY

Course Prefix/Number	Sect	Course Title	Hrs	Instructor

I agree to direct the study of the course listed above. This \_\_\_\_\_ will \_\_\_\_\_ will not involve an adjunct teacher contract.

Supervising teacher's signature \_\_\_\_\_

Department chair's signature \_\_\_\_\_

VP for Acad. Admin. signature \_\_\_\_\_

**IMPORTANT NOTE TO STUDENT: THIS IS NOT A REGISTRATION FORM. You must use a registration form, or use an add/drop form to complete registration.**