APPLICATION FOR DIRECTED STUDY (499, 503 only)

INSTRUCTIONS FOR STUDENTS

1. Complete Part A and B on this application.

2. Obtain the signatures of the faculty member supervising your directed study, your adviser, the Chairperson of the Department in which the proposed project is to take place, and the Dean of the appropriate College (Business, Education and Allied Studies, Humanities and Social Sciences, or Science and Mathematics).

3. File the form with the Registrar’s Office by the last day of the drop/add period for the semester or term.

NOTE:

- Directed Study is limited to three credits with a maximum of six credits for graduation purposes.
- Directed Study may not take the place of a course offered by the university.
- Directed Study is open to degree-seeking undergraduate students in their junior or senior year and to degree-seeking graduate students ONLY.

See current catalogue section “Academic Programs” for guidelines on Directed Study.

PART A – To be completed by the student – PLEASE PRINT:

NAME_______________________________________ MAJOR(S)________________________________

BANNER ID#___________________ MINOR___________________________________

CLASS/LEVEL: ___JR   ___SR   ___Graduate Student E-MAIL________________________________

SEMESTER (Check one): YEAR________
Fall_____ Spring_____ Summer I_____ Summer II_____ Summer 10 Week_____
Full Year (Sept-May)_____ _____Odd Date (specify start and end dates)_________________

DIRECTED STUDY DEPARTMENT: 4-Letter Course Department Code (ex. PSYC)______________

COURSE NUMBER (check one): _____499 (Undergraduate) _____503 (Graduate)

TOTAL CREDIT HOURS: _____ 3 credits _____2 credits _____1.5 credits _____1 credit

SUMMARY “TITLE” of Proposed Directed Study________________________________________

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PART B – To be completed by the student and faculty supervisor:

DESCRIPTION OF DIRECTED STUDY PROPOSAL:
Please provide a brief description of the proposed project which should include the goals, action plan and grading methods.

GOALS:
____________________________________________________________________________________________________________________________________
____________________________________________________________________________________________________________________________________
____________________________________________________________________________________________________________________________________
____________________________________________________________________________________________________________________________________

ACTION PLAN:____________________________________________________________________________________________________________________________________
____________________________________________________________________________________________________________________________________
____________________________________________________________________________________________________________________________________
____________________________________________________________________________________________________________________________________

GRADING:____________________________________________________________________________________________________________________________________
____________________________________________________________________________________________________________________________________
____________________________________________________________________________________________________________________________________
____________________________________________________________________________________________________________________________________

STUDENT SIGNATURE______________________________________  DATE____________________
____________________________________________________________________________________________________________________________________

PART C – To be completed by the major and supervising departments:

This proposed Directed Study does not duplicate any BSU course or material studied in any required or elective course; nor is it an internship or research course. By my signature, I approve this student to register for the course work and credit described above and on page 1 of this application.

ADVISER SIGNATURE ______________________________________ DATE_______________

NAME OF FACULTY SUPERVISOR (PLEASE PRINT)________________________________________

FACULTY SUPERVISOR SIGNATURE________________________________________________________________ DATE______________

DEPT.CHAIR of PROJECT SIGNATURE________________________________________ DATE______________

COLLEGE DEAN SIGNATURE________________________________________ DATE______________

FORWARD APPROVED FORM TO REGISTRAR’S OFFICE FOR PROCESSING
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