DIRECTED STUDY REQUEST FORM

Student Name:___________________________  ID #: ___________________________
Course Prefix:______         Course Number:_______          Title: ___________________________________       # of Credits: _________
Student Signature: __________________________________       Date:___________________

BY YOUR SIGNATURE, YOU ARE REQUESTING THE COLLEGE TO ENROLL YOU IN THE REQUESTED COURSE AND YOU UNDERSTAND THAT THIS MAY
AFFECT YOUR BILL WITH THE COLLEGE

Policy: Directed Study
Directed Study courses provide one-on-one opportunities for students who are unable to take a course at its scheduled time. Unlike
Independent Study, these courses are part of the regular catalog course offerings. The outcomes and assessments remain the same as
if the course were taken in a traditional setting, whether face-to-face or online; the contact hours and method of delivery are flexible
though and determined by the student and the supervising faculty member.

Reason for the Request (to be completed by the student). The student must demonstrate an insurmountable
conflict that requires taking the course as Directed Study.

Contact Hours and Method of Delivery (to be completed by the instructor). The student and supervising faculty
member must meet at least once per week:

Confirm the following requirements:
☐ The student is not on academic probation.
☐ The student is within one semester of completing his or her credential or transferring to a four-year university.
☐ The course shall not extend beyond one semester.

Course Part of Term:_____________      Grading method (traditional or pass/fail):_____________
Mode of Delivery (Face to face, Online, Hybrid, or Hyflex):_________
Days and times of face to face, Hybrid or Hyflex courses:____________________________________________________
Room Requested for Face to Face, Hybrid or Hyflex:___________               Instructor’s Name: ____________________________

FOR INTERNAL USE ONLY

Approved for Directed Study  NOT Approved for Directed Study

Instructor                  Date                Instructor                  Date
Advisor                     Date                Advisor                     Date
Division Director           Date                Division Director           Date
Chief Academic Officer      Date                Chief Academic Officer      Date

Comments:

Submit to the Registrar’s Office    Entered by:__________________Student Notified by:________________

Updated May 2021