

Directed Study Agreement

Student Name: _____

Faculty Name: _____

Course Number: _____ Credit Hours: _____

Course Title: _____

Month(s): _____ Year: _____

We agree to abide by the requirements noted on the attached syllabus.

Student Signature: _____ Date: _____

Faculty Signature: _____ Date: _____

Approval is indicated with signatures below:

Area Faculty Signature: _____ Date: _____

Faculty Advisor: _____ Date: _____

FOR USE BY THE DEAN

Approved Approved with changes noted on syllabus Denied

Signature

Date

This form must have attached a syllabus which contains the following:

- Course Name and Number
- Professor's Name
- Description of the course
- Course Procedures
- Course Goals and Learning Outcomes
- Required texts and readings
- Assessments/Assignments (include the percentage of the grade each will count and dates due)
- Other policies (Late assignments, Is Turabian or other style required?)
- Meeting schedule (number and length of meetings)