

MUSKINGUM

U N I V E R S I T Y

Directed Study Request Form

Student# _____ Name _____ Phone# _____

Course # _____ Title _____ Semester Hours _____

Instructor _____ Term and Year _____

Reason for request:

Required Signatures:

Student _____ Date _____

Instructor _____ Date _____

Department Chair _____ Date _____

For part-time students only:

Student Accounts Manager _____

Amount of Fee _____ Date _____

Registrar's Office _____ Date _____

Attach the syllabus to be used for this particular DIRECTED STUDY, including specified meeting times, readings, papers, projects, conferences, and any other important aspects of learning or assessment expected for the course. Registration for directed study is permitted through the fourth week of classes.

Return completed form and course proposal to the office of the Registrar.