Department of Teaching, Learning and Culture

Application for a Directed Studies Course

Date: ____________

1. I request enrollment in (check appropriate boxes): 0 EDCI 485 0 EDCI 685

2. Term requested: 0 Fall 0 Spring 0 Summer I 0 Summer II 0 Summer 10-week

3. Year: ____________

4. Credit Hours: 0 1 0 2 0 3 0 4

The University Catalog describes Directed Studies courses as “Research problems and reading in areas selected to supplement existing offerings. Individual reports, oral and written are required.”

It is understood that:

a. Individual consultation and agreement between student and faculty supervisor of problem or study will precede this formal, written request by as much time as is necessary to insure coordination of conferences and reports (usually at some time during the preceding semester.)

b. A final written report, graded by the Supervisor, will be filed permanently with this application form.

c. Although clock hours are not absolute or limiting, a general guideline is the expenditure approximately 45 clock hours per semester hour of credit allowed for Directed Studies courses.

5. ______________________ has agreed to direct this study.

(full name of supervisor)

6. The purpose of this Directed Studies is to: (Describe briefly the problem to be solved).

_________________________________________________________________________

_________________________________________________________________________

_________________________________________________________________________

_________________________________________________________________________
7. Techniques for solving the problems is as follows: *(Describe the experiments, statistics, reading, observations, etc. to be accomplished.)*


8. I have read and understand the general direction of this application.


Student’s Printed Name ____________________________  UIN ______________

Student’s Signature ____________________________  E-mail address ____________________________

Supervisor’s Signature ____________________________

*Please return this form to the Graduate Advising Office in 104 Heaton Hall for processing. If approved, the department will register you for the course.*

Department Head’s Signature ____________________________  Date Approved ____________________________