



## Directed Study Request Form Office of the Registrar

Must attach Course Description Form, Instructor's Agreement Form and Course Syllabus

Student ID: \_\_\_\_\_

Student Name: \_\_\_\_\_

Year in WJC Program: \_\_\_\_\_

Title of Directed Study: \_\_\_\_\_

Number of credits:  1  2 Year and Semester \_\_\_\_\_

Independent Study (1 student)

Tutorial (2 to 5 students) Number of students: \_\_\_\_\_

### Directed Study Instructor Information

Name: \_\_\_\_\_ Degree: \_\_\_\_\_

Address: \_\_\_\_\_

Email Address: \_\_\_\_\_

Advisor's recommendation for approval  Yes  No

Advisor Name: \_\_\_\_\_

Advisor Comments: (If not recommending approval please explain)

Student Signature: \_\_\_\_\_

Advisor Signature: \_\_\_\_\_

Department Chair Signature (if necessary): \_\_\_\_\_

Directed Study Approval:  Yes  No # of Credits:  1  2

Comments (If not approved please explain):