



Directed Study Request Form Office of the Registrar

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

Student ID: _____

Year in WJC Program: _____

Student Name: _____

Title of Directed Study: _____

Number of credits: 1 2 3(by approval) Semester and Year: _____

Independent Study (1 student)

Tutorial (2 to 5 students) Number of students: _____

Directed Study Instructor Information

Name: _____ Degree: _____

Address: _____

Email Address: _____

Academic Advisor Name: _____

Advisor's recommendation for approval: Yes No

Advisors Comments: (If not recommending approval, please explain)

Student Signature: _____ Date: _____

Advisor Signature: _____ Date: _____

Directed Study Approval: Yes No Number of Credits: 1 2 3

Comments (If not approved please explain):

Department Chair Signature: _____ Date: _____

Received by Registrar: Yes