



## 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 6 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)

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

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

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

Comments (If not approved please explain):

Return Completed Forms to the Registrar's Office, Attn: Sonji Paige